C.L. "BUTCH" OTTER – Governor RICHARD ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7007 0710 0002 7979 0680

January 26, 2010

David Rowe Madison Memorial Hospital P.O. Box 310 Rexburg, ID 83440

RE:

Madison Memorial Hospital, provider #130025

Dear Mr. Rowe:

Based on the Medicare/Licensure survey completed at Madison Memorial Hospital on January 12, 2010 by our staff, we have determined that Madison Memorial Hospital is out of compliance with the Medicare Hospital Conditions of Participation on Patient Rights (42 CFR 482.13). To participate as a provider of services in the Medicare Program, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this condition to be unmet substantially limit the capacity of Madison Memorial Hospital to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before February 26, 2010. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than February 18, 2010.

David Rowe January 26, 2010 Page 2 of 2

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208) 334-6626.

Sincerely,

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

SC/mlw

Enclosures

ec: Kate Mitchell, CMS Region X Office



450 E. Main, PO Box 310 • Rexburg, ID 83440-0310 • (208) 359-9801 • FAX 359-6415 • tconrad@mmhnet.org

February 16, 2010

Bureau of Facility Standards Gary Guiles, RN, Health Facilities Surveyor 3232 Elder St. P. O. Box 83720 Boise, ID 83720-0036

Re: State Deficiency

Dear Mr. Guiles,

On January 15, 2010 we received the deficiency report from the audit which concluded on January 6th. Enclosed is our response to the recent Statement of Deficiency/Plan of Correction. We want to thank-you for the opportunity to improve our processes in the delivery of patient care.

If you have any question please contact me at 208-359-9801.

Respectfully,

Terry Conrad, RN, BSN Chief Quality Officer

Terry Conrad

RECEIVED

FEB 17 2010

FACILITY STANDARDS

PRINTED: 01/22/2010 FORM APPROVED OMB NO. 0938-0391

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ARORATOR!	LUIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

ciency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that An¹ reguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days oth. If the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days rollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 01/22/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 130025 01/12/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST MAIN STREET MADISON MEMORIAL HOSPITAL** REXBURG, ID 83440 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION DATE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 046 Continued From page 2 A 046 not recommended, were checked. A form, titled "Recredentialling Checklist," contained information such as how many procedures the physician had performed and current licenses held by the physician. It was signed by the Chief of the Medical Staff and the Chairman of the Attached here to as exhibit 1 are copies of privilege Board of Trustees in April 2009. Neither the request forms which are now used for every initial and Recredentialling Checklist nor other forms in re-credentialing appointment at Madison Memorial Practitioner B's file stated what specific privileges Hospital. the hospital was granting to him. The Chief Quality Officer, who was responsible for maintaining physician credentials files, was interviewed on 1/05/10 at 2:00 PM. She confirmed the documentation in the credentials file. She also stated no documentation was present showing Practitioner B's specific privileges had been reviewed since 1986. Practitioner C was a family practice physician. He was reappointed to the medical staff in June 2009 and currently practiced at the hospital. A 6 page untitled form in his credentials file listed various diseases and medical procedures. The form stated "Please check the privileges and

hospital had granted to him.

these were not documented.

categories for what you are applying." Checks were made next to various diseases and procedures. The form was signed by the physician on 3/22/1998. No documentation was present indicating what specific privileges the

The Chief Quality Officer was interviewed on 1/05/10 at 2:00 PM. She confirmed the credentials file did not include what specific privileges Practitioner C had been granted. She said Physician C had core privileges* but stated

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) LAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
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A 046	The Chief Quality of 1/05/10 at 2:00 PM credentials file did privileges Practition 5. At least 4 differe privileges at the hocredentials file contained 3 column Recommended," a Practitioner C's file form. Practitioner form for requesting E's file contained a categories of pract procedures the practitioner form for requesting E's file contained a categories of pract procedures the practitioner form for requesting E's file contained a categories of pract procedures the practitioner form for requesting E's file contained a categories of pract procedures the practitioner form for requesting E's file contained a categories of pract procedures the practitioner form for requesting E's file contained a categories of pract procedures the practition form for many file file form for many file file file file file file file file	Officer was interviewed on I. She confirmed the not include what specific her E had been granted. Int types of forms were used for espital. Practitioner B's tained a 6 page untitled form diseases and medical disease or procedure his labeled "Requested, and "Not Recommended." contained a different 6 page D's file contained a 2 page of core privileges. Practitioner 3 page form which listed 2 itioner and examples of actitioner might request. EMORIAL HOSPITAL PROCEDURES AND DICAL STAFF," dated 2008, board would grant specific not provide a systematic a consistent form for est specific privileges. This	A	046	Admittedly over time Madison Moused a variety of forms to qualify privileges. However, currently on See attached exhibit 1.	medical staff	f for
	The Chief Quality C 1/5/09 at 2:00 PM. request forms were approach to grantir been implemented credentials files an	oital from defining specific oners could perform. Officer was interviewed on She confirmed the privilege e all different and a uniform and specific privileges had not She also reviewed the d acknowledged it was difficult or privileges had been granted		TO PART AND AND A			

PRINTED: 01/22/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B, WING 130025 01/12/2010 NA... OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST MAIN STREET MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 046 Continued From page 5 A 046 The hospital failed to document what specific privileges had been granted to practitioners. * core privileges - a set of privileges that can be performed by any member of the medical staff or a specialty group of the medical staff, i.e. any orthopedic surgeon appointed to the medical staff would be allowed to cast a fractured limb and would not be granted a specific privilege to do so A 115 482.13 PATIENT RIGHTS A 115 A hospital must protect and promote each Attached here as exhibit 7 is the new grievance policy patient's rights. for Madison Memorial Hospital. A grievance committee has been formed. This CONDITION is not met as evidenced by: Based on staff interviews and review of clinical records, hospital policies, and incident reports, it was determined the hospital failed to protect and promote patients' rights. This resulted in the inability of the hospital to respond in systematic ways to patients with grievances and restraints and to ensure safe and effective care was provided. Findings include: 1. The hospital failed to ensure the governing body accepted responsibility for the grievance

process/policy.

process. Refer to A119 as it relates to the failure of the governing body to review and resolve grievances or delegate the responsibility in writing to a grievance committee and the failure of the governing body to establish an effective grievance

The hospital failed to provide a written response to grievances. Refer to A123 as it relates the hospital's failure to provide complete

The hospital failed to ensure patients received.

written responses to grievances.

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A 115	care in a safe setting to the lack of a safe 4. The hospital failed were modified to ach Refer to A166 as it plans for patients with plans for patients with a sit plans for patients with a sit plans for patients were not to A169 as it relates restraint orders. 6. The hospital failed requirements for phospital policy. Reference hospital sailure to to validate that physical policy. Reference for estraints. 7. The hospital failed restraints applied for behavior, received a appropriately qualification trelates to the evaluation restrained. The cumulative efference prevented the hospital complaints, comprokeep patients safe, utilizing restraints in 482.13(a)(2) PATIE	ge 6 ig. Refer to A144 as it relates environment for patients. Id to ensure patients' POCs dress the use of restraints. relates to incomplete care tho were restrained. Id to ensure orders for written as PRN orders. Refers to the lack of definitive. Id to ensure training and a sit relates the ensure a process was in place sicians and other licensed in the ensure a process was in place sicians and other licensed in the ensure patients, who had a working applicative policy regarding the end to ensure patients, who had are the management of violent a face-to-face evaluation by an ed person. Refer to A178 as unations for patients who were entered to the se systemic practices ital from investigating entered the hospital's ability to and prevented staff from a consistent manner. INT RIGHTS: REVIEW OF	A	and a manufacture of the second secon	Attached here as exhibit 9 is a corenacted policy on restraints. At the in-service on 2/17/10 partic given to the special requirements imposed when restraints are used self destructive behavior. Attache 10 is the outline for the in-service.	cular emphas and limitation to manage vi ed here to as e	is was n olent or
		establish a process for prompt t grievances and must inform					

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A 119	each patient whom The hospital's gove be responsible for the grievance process, grievances, unless in writing to a grievary determined the hospital and grievance process hospital and grievance process hospital responded appropriate manner an ineffective, ineffing grievance process. 1. The hospital's grant dated 7. Chief Executive Off were identified with a grievances. b. The policy failed governing body in regrievances to a grievances to a grievance the existe committee.	to contact to file a grievance.] rning body must approve and he effective operation of the and must review and resolve it delegates the responsibility ance committee. Is not met as evidenced by: view and review of hospital nece-related documents, it was pital's governing body failed to grievances or delegate the ing to a grievance committee. d 12 of 12 patients (#46, #47, #52, #53, #54, #60, #61, and neces were reviewed. The group body also failed to establish sholicy that ensured the to all grievances in an and inconsistent. Findings include: rievance policy, "Patient (03/09, was approved by the icer. The following problems the policy: to identify the role of the eviewing or resolving to reference the governing of review and resolution of evance committee. It failed to	Α 1	119	Attached as exhibit 9 is a copy of Hospital's recently revised restrair was approved 2/22/2010. All patie been educated on this policy and this regard and a video and test has education computer system, which clinical and housekeeping employe 2/26/2010. Particular attention wanecessity of updating the plan of crestraints.	at policy. The ent care staff neir responsiles been set-up will be reques to have do s made to the	is policy have bilities in on our ired for one by

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A 119	grievances. As a response policy explained the whenever a patient involving an inappremployee, medical service personnel to another patient in suggested overtly in of a hospital employed definition, as descriguidelines at CFR4 also included compatient's represent of the complaint by patient's care, abust to the hospital's conditions beneficiary billing or rights and limitation d. The hospital polifrom concerns and grievances. A concerns and grievances. A concerns and grievances are written or verbal content to a hospital patient's services written complaints hospital's policy to not require the same "concerns." e. The policy failed responses to all grievances and grievances are written or verbal responses to all grievances. Instead written or verbal responses to all grievances are the patient will be	stent with the CMS definition of esult, the policy/process did iveness to all grievances. The at a grievance existed complained of a situation opriate action by a hospital staff member or contract that could harm that patient or similar circumstances. This nappropriate action on the part yee. It did not include in its ibed in CMS interpretive (82.12(a)(2), that a grievance plaints by the patient or ative (not resolved at the time staff present) regarding the se or neglect, or issues related impliance with the CMS of Participation or a Medicare omplaint related to patient	A 1	19			

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A 119	and 12:30 PM, the acknowledged the updating and that a 2. During an intenchief Quality Officinad an informal grirregularly. She stawas informal, they She further stated typically attended to Officer, the Chief Performance Improvements of the Performance Improvements. She stay documentation of the Performance Intended the Performance Intended the Performance Intended the Sentinel event had provided the Board trends annually; the 2009. He stated the details of complaininvolved with trended anything in writing grievances to a grid superpopriate written involving the follow #49, #50, #51, #52	on 1/07/10 between 11:10 AM Chief Quality Officer grievance policy needed she would do so right away. View on 1/07/10 at 9:20 AM, the er explained that the hospital ievance committee that met ated that since the committee did not keep meeting minutes. the informal committee was by herself, the Chief Nursing Financial Officer, the ovement Manager, and Social ted she did not have any the information discussed is for surveyor review. View on 1/07/10 at 12:30 PM, improvement Manager stated laints/grievances were not governing body unless a occurred, He stated he with a summary of complaint e last report was December ne Board was not involved with ats. They were generally only is. He stated he was not aware ng showing delegation of evance committee. They were generally only is it relates to the failure of the ensure complainants received a responses to grievances ving patients: #46, #47, #48, 2, #53, #54, #60, #61, and #62. The providence of the ensure the ensure body failed to ensure the ensure the grievances ving body failed to ensure the ensure the ensure the ensure complained to ensure the e	A	119			
	The Hospital's 90V	errang body railed to ensure the					

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A 123		operated effectively. TIENT RIGHTS: NOTICE OF SION	A 1		Attached as exhibit 9 is a copy of	f Madison N	Memorial
	must provide the pa decision that contai contact person, the	ne grievance, the hospital atient with written notice of its ns the name of the hospital steps taken on behalf of the e the grievance, the results of ess, and the date of			Hospital's recently revised restration was approved 2/22/2010. All parties been educated on this policy and this regard and a video and test heducation computer system, which clinical and housekeeping employ 2/26/2010. Particular attention was necessity of updating the plan of restraints.	tient policy. tient care sta their respon as been set- ch will be re byees to have was made to	aff have nsibilities in up on our equired for e done by
	Based on staff inter policies, grievance- incident reports, it weither failed to provi provided incomplete patients (#46, #47, #54, #60, #61, and representatives who This resulted in a la grievances had bee resolved. It had the	s not met as evidenced by: view and review of hospital related documents, and vas determined the hospital ide written responses or e written responses to 12 of 12 #48, #49, #50, #51, #52, #53, #62) and/or patient ose grievances were reviewed. ock of clarity about whether the in thoroughly investigated and e potential to interfere with ing and satisfaction. Findings					
	log for the last quar December). Insteading, the Chief Quality with the hand writte Concerns and Comperiod. During an in AM, the Chief Quality hospital did not keed dedicated files or for	equested to view the grievance ter of 2009 (October through d of being given the grievance by Office provided surveyors in and verbal recall of "Patient plaints" for the same time interview on 1/07/10 at 11:30 ty Officer explained that the plaints of grievances. She at instead of writing letters, the					

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A 123	grievances were of and that the steps to were not consistent. The following are esubmitted by patier. In each of these exfailed to respond to failed to include all the steps taken to i resolution of the gricompletion, in the volume of the ED later the visit to the ED later the visit to the ED, he which time a surgic Patient #46 died aft abdominal aortic ardeath was unknown. In an interview on Quality Officer state brought to the atter Officer on 5/26/09 received a complain The Chief Quality Officer state of the case would be confirmed all interactions.	ten handled with phone calls taken to resolve the grievances thy documented. Examples of grievances amples, either the hospital the grievances in writing or pertinent information, such as nvestigate the grievance or the devance or the date of written responses. In a 21 year-old male who had to on 5/09/09 for abdominal lated, sent home, and returned same day. After the second was admitted to the hospital at the consultation was obtained. Iter admission as a result of an ineurysm (the exact date of in). In 1/07/10, at 11:30 AM, the Chief ed a complaint had been into of the Chief Executive by an outside entity who had not from Patient #46's father. Officer explained she had met a occasions and informed them sent for peer review. She inctions with Patient #46's family and no written follow up was	A	123			
	presented to the El of severe abdominate	a 22 year-old female who O on 10/06/09 with complaints al pain. According to the Chief ng an interview on 1/07/10 at					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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A 123	12:00 PM, she met members who voic medical treatment: Patient #51 claimed her ED visit as a rethe ED. The Chief surveyors that her reviewing the medical physician and nurs and, and consulting regarding medications who accused the house Chief Quality Office additional contact words. She did not rewas made to Patient follow-up letter was on 10/17/09 with mandible (jaw). A Patient #47's family the care provided burgical staff. In an interview with 1/07/10 at 11:40 Alletter to the family on the billing charge failed to state what the patient to invest results of the grieve completion. The learning the hosp adjustments to Patiently was an acknowledged.	with Patient #51 and family ed concerns regarding the she received in the ED. It is a she miscarried 2 days after sult of treatment received in Quality Officer explained to nvestigation included cal record, speaking with the e who provided care in the ED, is with the hospital pharmacist ons prescribed to treat Patient eating, she called Patient #51 ospital of negligence. The er stated the hospital had no with Patient #51 after the phone call the date the phone call in #51. She confirmed no	A	123			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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A 123	4. Patient #52 was to the hospital on 7, replacement. He was Patient #52's wife saddressed to the Colisted her concerns issues, and surgical during her husband. In an interview on 1 Quality Officer state of the letter until 11 complaint to the Charles of the letter until 11 complaint to the Charles of the complaint with adjustments maked and the complaint of the complaint informed her that the with adjustments maked and the confirmed she did regarding the griever family.	a 62 year-old male admitted /07/09 for a total hip ras discharged on 7/12/09. ent a letter, dated 8/05/09, hief Nursing Officer. The letter about safety issues, care I mistakes that occurred 's hospitalization. /07/10 at 12:15 PM, the Chief ed she did not become aware /05/09. She forwarded the nief Nursing Officer and to the element Manager. The Chief ained she had contacted en 11/11/09 (4 months after the nant's letter) by telephone and ne account would be re-billed lade. She further stated she steps were taken by the other resolution of this matter. She not write a letter of response ance investigation to the	A	123			
	treated in the ED of was subsequently so 1/07/10 at 11:45 Aff stated Patient #48's telephone on 12/02 about the care proved. The Chief Quality Patient #48's mother not send a written reference. Patient #49 was	a 13 year-old female who was an 8/22/09 for a laceration and sent home. In an interview on M, the Chief Quality Officer is mother contacted her by 1/09 to share her concerns 1/109 to share her concerns 1/109 to her daughter in the ality Officer stated she offered er a billing adjustment but did 1/109 esponse to the complainant.					

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A 123	Quality Officer states from Patient #49 on complaint involved attitude and manner. A letter of response 11/25/09, did not into grievance process of letter expressed the the issue with the plates had been initialletter stated an adjurt Patient #49's bill. The felt the letter promatter. 7. According to an report, dated 11/08/year-old female, secomplaint of fever, of had delivered a babe ED visit. She was to sent home. According to an intervite with the Chief Quality husband called on 11 the medical treatment ED on 11/08/09. He seen the following with the started on antil Quality Officer explanation of the milk then started on antil Quality Officer explanations.	at 11:50 AM, the Chief of she received a complaint of 11/04/09 by telephone. The concerns about a physician's reconcerns about a physician. The concerns about did not state the attention to address the attention and reconcerns about did not state the attention and physicians but did not state the attention and physician and physician and physician achief Quality Officer stated by Patient #50 was a 25 ten in the ED on 11/08/09 for a chills, and muscle aches. She by less than 1 week prior to her old she had a virus, and was serview on 1/07/10 at 11:55 AM try Officer, Patient #50's 1/19/09 with concerns about ant provided to his wife in the sealso stated that his wife was week by her physician, who obtoms as Mastitis, (an ducts in the breasts) and was biotic therapy. The Chief ained she subsequently	A	123			
		ng Patient #50 by telephone to on the bill. She did not know					

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A 123	she did not write it of follow-up letter was was resolution in the 8. Patient #53 was multiple ED admiss His most recent add 5/28/09. According Quality Officer on 1 the Chief Executive and his grandmother concerns regarding hospital. Patient #5 medical treatment a because he did not requested the medical treatment and the followed up with an after completing he contact Patient #53 phone had been dis did not mail a letter had moved out of sinew address. 9. Patient #54 was been to the ED on the returned to the Econtinuation of symptomy puted tomographics.	w-up phone call and stated down. She confirmed no sent, although she felt there	A	123	3		
	According to an inte	erview on 1/07/10 at 12:20 PM pliance Officer, she met with					

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A 123	Patient #54's wife concerns regarding husband received Officer stated she write down her conshe also stated the calls exchanged by #54's wife who repreduction in her humade an offer but did not want to accept threatened to contour Quality Officer states between hospital stopped. She consetter sent to the consummary format. Interview conducted provided. According a letter, dated 10/2 #60 to the Chief Except for the complaint and for Improvement Man Chief Nursing Officer of assuring him his control of the complaint and for Improvement Man Chief Nursing Officer was no docknospital provided fletter that described	on 5/14/09 who expressed g the quality of care her in the ED. The Chief Quality had asked Patient #54's wife to accerns and send her a letter. Here were multiple telephone etween herself and Patient fortedly wanted to negotiate a asband's bill. The hospital Patient #54's wife reportedly expt the hospital's offer and fact an attorney. The Chief and the complainant firmed there was no written	A .	23			

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION . G	(X3) DATE SURVEY COMPLETED	
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A 123	to the hospital on 1 information was pro Officer on 1/07/10 a summary format. A information, Patient an employee of the an incident report of claiming discharge. The incident report and a "Root Cause Documentation ind had spoken with the regarding the compwritten follow-up was admitted as an following information Quality Officer on 1 summary format. A Patient #62 sent and the Performance Indeatils of complicated The letter was forw Officer on 12/09/09 on 12/31/09. The reindicate the hospital Patient #62. 482.13(c)(2) PATIESETTING The patient has the setting. This STANDARD Based on staff interecords and incident information.	age 17 as a 61 year-old male, admitted 1/27/09. The following ovided by the Chief Quality at 12:00 PM in a written According to the summary the 461 was a family member of a hospital. The employee filed on behalf of Patient #61; planning was not appropriate. was labeled as a grievance, a Analysis" was initiated. icated the Chief Quality Officer e complainant on 12/29/09 plaint. There was no evidence as provided to the complainant. Is a 21 year-old female, who in OB patient on 11/27/09. The on was provided by the Chief 1/07/10 at 12:00 PM in a written according to the summary, in undated letter addressed to improvement Manager with thous during her hospitalization. Warded to the Chief Quality in and then listed as resolved in was no documentation to all sent a written response to example to the sent a written response to the composition of the composition o	A	23			

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A 144	medical records we injury to Patient #57 other patients. Find 1. Patient #57's med 85 year-old male who 11/27/09 at 11:23 A conducted the H&P the hospital under the physician's "Clinical stated Patient #57's mental status, democrebrovascular acceptation of the physician's "Clinical stated Patient #57's mental status, democrebrovascular acceptation was added 11/27/09 was called by MRI to combative and aggretake him back to roo downstairs and found threatening. Pt had attempts to calm him [name] was called for Haldol to calm the phouse Supervisor at taken to floor by officerating a 1 inch lack Laceration cleaned of the physical states with bandary House Supervisor." A verbal order by the now. 3. Haldol 5 mg [by documented on 11/2]	#3a, #57 and #58) whose are reviewed. This resulted in and the potential for injury to dings include: dical record documented an an ano presented to the ED on and admitted Patient #57 to the care of his PCP. The ED Report," dated 11/27/09, a diagnoses included changed pentia, and rule out	A	144	On 2/17/10 hospitals staff were tra Specific attention was on chemical here as exhibit 10 is an outline of the Attached as exhibit 9 is a copy of I Hospital's recently revised restrain was approved 2/22/2010. All paties been educated on this policy and the this regard by 2/25/10. All nursing staff have been in-serve use of drugs as a form of restraint, enacted restraint policy has been at which clearly identifies staff responsed. A video and test has been set-up or computer system, HealthStream, which clinical and housekeeping emple 2/26/2010. Starting on 2/9/2010 new employed introduced to the restraint policies and New Nurse Or Attached hereto as exhibit 14 are constituted for both Zyprexa (0430) and These orders were in the patient's redate the surveyors were here. The discharged and her complete medical records received the call asking us to find that hospital staff did not retrieve the medical records department.	I restraints. That in-service that in-service that in-service that in-service that in-service the interpolation of the example	Attached te. morial tis policy have bilities in ing the y this on required done by res in orders 515). rd on the been as not on when we pologize

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIP LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
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A VIORE PM be Atthe gin me a photo that export the contract of the pm so & Harmonia has been been been been been been been bee	OLENT OR SELF EHAVIOR Order F M, ordered 5 point elt) and a chemical ivan. The order of e Haldol and Ativa ven. It was signed ned. No document edical record that physician after the e patient was so a cumentation was at Patient #57 was at Patient #57 was at Patient #57 was at Patient #57 was tent of his injuries CP's first progress ned, stated "Fell la ceration) to head n order, dated 11// laldol 10 mg IM even laldol 10 mg IM	MANAGEMENT OF A F-DESTRUCTIVE PATIENT Form," dated 11/27/09 at 5:45 It restraints (wrists, ankles, all restraint of Haldol and lid not include the dosages of an or the times it could be able by the PCP but not dated or intation was present in the Patient #57 was evaluated by a incident, to determine why agitated and combative. No present in the medical record is evaluated to determine the following the incident. The sante, dated 11/28/09 but not last night & sustained + chest contusion." 28/09 but not timed, stated very 4 [hours as needed] by 5 [hours as needed] by 5 [hours as needed] by 6	A	144			

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A 144	noon, 4:30 PM, and written by the nurse renewals but did no signatures. The last times next to the sign to have been written Patient #57 receive Haldol 5 mg IV at 5:	18:30 PM, based on times 2. A physician signed all 4 2 t sign or date the first 2 2 physician signatures had 3 gnatures but these appeared 3 by the nurse. 3 d the following medications: 48 PM on 11/27/09.	A 1	44	The pharmacy director sent out usage, indication, contraindicat	ions, side effec	ets,
	Haldol 10 mg IM at Haldol 10 mg IM at Haldol 30 mg was g PM on 11/27/09 and During this time, Pa of Haldol orally acco Administration Sum dose according to th Mental Health Profe copyright 2007, whice people take dosage ranges. Older adult tardive dyskinesia. mg daily." While Pa suffer severe side e the dosages had the impact him. An incident report ha events related to Pa 11/27/09. An entry of	5:14 AM on 11/28/09. 5:14 AM on 11/28/09. 11:32 AM on 11/28/09. iven by injection between 5:48 in 11:32 AM on 11/28/09. itent #57 also received 7.5 mg ording to the Medication mary. This was a very large me "PDR Drug Guide for ssionals," Third Edition, chistated "In general, older sof haloperidol in the lower smay be more suscepible to Doses may range from 1-6 tient #57 apparently did not fects from the medication, expotential to negatively			Attached as exhibit 11 is a copy Attached is exhibit 12 is a list of have identified as potentially be We have built into our nurse ch will pop-up asking if this drug	soonses to side effects, and appropriate dosage ched as exhibit 11 is a copy of that memoral ached is exhibit 12 is a list of medications the identified as potentially being used as a rehave built into our nurse charting a question pop-up asking if this drug is being used as raint to alert the nursing staff to verify what	
	stated "The patient I	I 11/30/09 at 11:04 AM, became irritated and violent y dept and thus this incident.					

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A 144	The staff handled it talking to the case in staff members with the entry did not conjuries or on the use officer was intervied. She stated staff follower for violent patients in and then calling the want to irritate Patients backed off and called thought the police has not sure. She case to identify other resolved the situation review the case for Patient #57's safety ineffective response behavior and the incompanion of the incompanion of the information of the sheet, undated. The been known as the set of footprints, and finger. The sheet humber listed as 52 areas for other deta sex of infant, weight	appropriately, per protocol. In managers and nursing staff, were harmed significantly." Domment on Patient #57's see of restraints. The Safety wed on 1/07/09 at 2:00 PM. Dowed the the hospital protocol by calling a "Code Armstrong" police. She said staff did not ent #57 any more so they ed police. She stated she ad tasered the patient but she estated she did not review the er ways staff could have on. She said she did not appropriate restraint usage. Was compromised due to the ediscriminate use of restraints. a newborn female born on admitted directly to the NICU, I home at 18 days of age. ere as follows: security band placed after	A 1	It is our prothe NICU I discharge n baby also si charting that but failed to appropriate in an e-mail findings fro this issue in Training wa out this form It was also out and the on this sheet Identification 21, 2010. So reduced the consolidated infant's admisignature from the NICU I was also out and the on this sheet Identification 21, 2010. So reduced the consolidated infant's admisignature from the NICU I was also signature from	ptocol to document the Discharge Teaching Fourse sign, and the modign this form. This was the she did discharge to fill out the Discharge by per protocol. We all to all NICU nurses to mour Chief Nursing to our NICU staff meet as done on the important in this meeting. If the she was the statement of the short of the statement of the information with the person taking or mation now provide of this form.	orm, have the other or agent form along with prints. We are the reaching in her are Teaching Form addressed this upon receiving Officer. We atting on 1/27/20 ance of and he are reasposed incompany of this form along with prints. We are the prints.	for the ne nurse notes, orm problem the addressed 010. ow to fill not filled orrectly anuary m. We mom and ith a e feel

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A 144	b. The "Special Ca Teaching-Discharge the mother's signat band number was to blank, as was the a who was to verify the c. The "Discharge dated 12/18/ (no signature and not the signature. d. The "Newborn-Newborn-Newborn Supposed to 52753 and the mother's recomposed to 52753 and the policy "Identificational matching the parent or supposed in the parent	e" form, dated 12/18/09, had ure, but the area where the obe written down was left rea for the nurse signature, he band and parent ID. Orders/Information Sheet" year,) had only the mother's he discharging nurse Maternal Information" sheet nd number as 52735, as as noted above. Cord (Patient #3) on the form," had the band number 35. ation of the Newborn," dated entification bands would be other and infant at birth. An band would be provided to out person. The nurse at the me the responsibility to the bands in place on mother mber on the band was then the record. Each time the aken to mother's room, quested to verify identification icy stated the band number ted on the delivery record, and discharge forms. The I that the bands of parent and appared and verified at the time	A	144			

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A 144	confirmed the ID no stated the nurse had identification process. 3. Patient #58 was on 11/18/09 to ICU status, and aspiration intubated and on a ordered to prevent endotracheal tube. 11/19/09 at 7:00 PM documented as beifirst documented as beifirst documented of Patient #58 was intubated and on 1 documentation of the much of that duration occasions when the or more. Patient #58 thrombosis in her left thrombosis in her left thrombosis in her left thrombosis in her left this was noted by area and ultrasounce #58 was started on upon discharge to his condition. In an interview with Medical Surgical and he reviewed the reduced documentation, as hours before the information of the place on that arm.	eviewed the record and umbers were conflicting. She id not followed the newborn dures as defined in the policy. a 49 year-old female admitted for hypoxia, altered mental on pneumonia. She was ventilator. Restraints were her from dislodging her She was intubated on M and restraints were ng applied at that time. The oservation was at 11:00 PM. ubated and restrained for 4 1/22/09.) There was ne 30 minute checks through on, although there were 6 a patient checks were 1 hour aft upper arm on 11/24/09. Increased a deep vein eft upper arm on 11/24/09. Increased a deep vein entition and the DVT. Patient anticoagulant therapy and nome continued treatment for the Clinical Coordinator of the nd ICU on 1/07/10 at 4:10 PM, cord and verified the lapses in well as the initial delay of 4 ditial 30 minute check. He tion for the delay. The Clinical dithat Patient #58 suffered a sis, and had had a PICC in He stated sometimes patients associated with their	A 144			
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A 144	The policy titled "Redated 12/29/09, sta observation would levery 30 minutes, a point the extremitie of motion, and to prove the assessment skin integrity. According to a Natititled "Deep Venous Embolism Following April, 2005; there is and pulmonary embimmobilization durin no pre-existing risk 482.13(e)(4)(i) PAT OR SECLUSION The use of restraint (i) in accordance with patient's plan of car. This STANDARD is Based on staff interrecords, it was determined to each patient's patients (#56 and #physically and/or chresulted in staff not restraint assessment of when a restraint discontinued. It also	estraints-Physical Restraints," led that direct patient be observed and documented and every 2 hours at which s would be released for range rovide for skin care as well as lof circulation, sensation, and conal Institute of Health article, s Thrombosis and Pulmonary g Physical Restraint," dated lisk of deep vein thrombosis colism associated with log physical restraint, despite factors. IENT RIGHTS: RESTRAINT or seclusion must be th a written modification to the	A 1				
		edical record documented an who was admitted to the					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		130025	B. WIN	IG_		01/1	2/2010
	PROVIDER OR SUPPLIER IN MEMORIAL HOSPI	TAL		4	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
A 166	hospital on 1/04/10 history of dementia patient as of 1/07/1 Patient #56's medic physician's progress note, date stated Patient #56's demanding to go he progress note, date stated Patient #56's uncooperative. He now "throwing thing going to order Zypro antipsychotic, appro Administration (FD/schizophrenia and MA pharmacy "Medic documented that or #56 was prescribed day as needed. The 1/06/10 at 2:49 PM. audit sheet also doc 6:30 AM, Patient #5 mg intramuscular to order was discontined the survey. The hospital's Clinical Econ 1/07/10 at 2:30 Forders. On 1/06/10 at 2:45 Zyprexa 5 to 10 mg as needed. This was physician's order she	for pneumonia and had a Patient #56 was a current O. cal record only contained two s notes. A physician's d 1/06/10 that was not timed, was confused, agitated, and ome. A second physician's d 1/06/10 that was not timed, was "more" agitated and wrote that Patient #56 was s." He noted that he was exa. Zyprexa was an atypical oved by the Food and Drug A) for the treatment of oipolar disorder. ations" audit sheet a 1/06/10 at 6:30 AM, Patient Zyprexa Zydis 5 mg twice a is order was discontinued on The pharmacy "Medications" cumented that on 1/06/10 at 6 was prescribed Zyprexa 5 vice a day as needed. This ued on 1/06/10 at 2:50 PM. could not be found at the time Medical/ICU Manager, and the ducator reviewed the record DM, and also could not find the PM, the physician ordered by mouth three times a day as documented on a	A 1	666	Attached as exhibit 9 is a copy of Hospital's recently revised restrativas approved 2/22/2010. All patheen educated on this policy and this regard by 2/25/10. All nursing staff have been in-set use of drugs as a form of restraint enacted restraint policy has been which clearly identifies staff respregard. A video and test has been set-up computer system, HealthStream, for clinical and housekeeping em 2/26/2010. Starting on 2/9/2010 new employ introduced to the restraint policien New Employee and New Nurse. Attached hereto as exhibit 14 are written for both Zyprexa (0430) at These orders were in the patient's date the surveyors were here. The discharged and her complete meeting the unit, but in the medical record received the call asking us to find that hospital staff did not retrieve medical records department.	aint policy. The tient care staff their response rviced regarding. The recent attached as exponsibilities in on our educat which will be apployees to be expensed and procedure or copies of the and Valium (Copies of the and Valium) (Copies of t	his policy If have ibilities in ing the ly xhibit 9, this cion e required done by ures in orders 0515). ord on the been as not on when we pologize

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	A. BUILDING		(X3) DATE SURVEY COMPLETED	
		130025	B. Wil	۱G	01/1		2/2010
N OF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST MAIN STREET REXBURG, ID 83440				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETION DATE	
A 166	Valium (a medication and insomnia) IV 5 anxiety. This was conder sheet. Nursing notes docubehaviors: A nursing note, date Patient #56 had been an	on used for treating anxiety mg three times a day PRN for documented on a physician's mented the following ed 1/06/10 at 4:30 AM, stated come belligerent. ed 1/06/10 at 4:45 AM, stated fusing cares. ed 1/06/10 at 5:15 AM, stated cian was called to obtain IV se the patient was refusing to h or injection. Patient #56 was g on 1/06/10 at 5:38 AM	A	166	·		
	Patient #56 was ag nurse stated Patien even though she wa looking for people t stated that they wal halls at which time patients' rooms, be nurse. Patient #56 1/06/10 at 12:09 PM Medication Adminis	itated and confused. The It #56 was wanting to go to bed as in bed. Patient #56 was hat were not there. The nurse liked Patient #56 around the Patient #56 tried to get in other came combative and hit the was given Zyprexa 5 mg on If according to the patient's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUIL		IG	COMPLETED					
		130025	B. WIN	IG		01/1:	2/2010				
	MADISON MEMORIAL HOSPITAL			4	REET ADDRESS, CITY, STATE, ZIP CODE 150 EAST MAIN STREET REXBURG, ID 83440	<u> </u>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF		ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	SHOULD BE COMPLETIC	
A 166	Patient #56 was very un-cooperative. The walked Patient #56 Patient #56 was his Patient #56 was given at 2:48 PM (which and then was given 3:03 PM according Administration Recording Administration Recorders and nursing stated that she did and Valium to conticonsidered a chemupdate Patient #56 use of chemical restricted through record reviews at 1:10 PM, was into orders and nursing stated that she did and Valium to conticonsidered a chemupdate Patient #56 use of chemical restricted and valium to conticonsidered a chemupdate Patient #56 use of chemical record reviews at the patient #57's me 85 year-old male who who spital on 11/27/0 "Clinical Report," dipatient's diagnoses status. Dementia. accident." A nursing PM, stated Patient aggressive. A vertical point restraint of point restraints (vichemical restraint of signed by the PCP form contained lines.	ery anxious, combative and the nurse stated that they around the halls at which time ting and biting at the nurses. It in a the nurses of a round the halls at which time ting and biting at the nurses. It is a to the patient #56 then threw out), and valium 5 mg on 1/06/10 at a to the patient's Medication for a with Patient #56 on 1/06/10 terviewed. The medication in notes were reviewed. She not know that using Zyprexa for the patient's behaviors was a ficial restraint so she did not it's Plan of Care to reflect the estraints. This was confirmed few. The ED physician's atted 11/27/09, stated the included "Changed mental Rule out cerebrovascularing note, dated 11/27/09 at 5:00 #57 became combative and order by the PCP for will was documented on M. A form "Restraint:	Α΄	166	Nursing staff were in-serviced 2/ use of drugs as a form of restrain has been set-up on our education HealthStream, which will be requ housekeeping employees to have	t and a video computer sysuired for clinic	and test stern, cal and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	A. BUILDING		COMPLETED		
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	ROVIDER OR SUPPLIER	TAL	STREET ADDRESS, CITY, STATE, ZIP COI 450 EAST MAIN STREET REXBURG, ID 83440					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	ON SHOULD BE COMPLÉTE HE APPROPRIATE DATE		
A 166	8:10 AM, 12:00 not based on times wridated 11/28/09 but mg IM every 4 [hours as not a physician progres PM, stated "Review soft restraints as not a had combative ephaldol, Ativan, and Patient #57 received Haldol 5 mg IV at 5 Haldol 5 mg IM at 6 Haldol 10 mg IM at 14 Haldol 10 mg IM at 15 Haldol 10 mg IM at 16 The use of physical documented. The "Patient's Plan stated Patient #57 to The plan contained behavior contract a maladaptive behavior the use of restraints interview with the IO Manager on 1/15/05 Patient #57's POC at the use of restraints. The hospital failed for the plan contained the use of restraints interview with the IO Manager on 1/15/05 Patient #57's POC at the use of restraints.	on, 4:30 PM, and 8:30 PM, tten by the nurse. An order, not timed, stated "Haldol 10 ars as needed] Ativan 1 mg IM eeded]." Is so note, dated 11/28/09 at 4:25 yed requirement for chemical & eeded-Patient with Alzheimers pisode. Agree with restraints soft restraint prn." In the following medications: 1:48 PM on 11/27/09. 1:5:48 PM on 11/27/09. 1:32 AM on 11/28/09. 1:32 AM on 11/28/09. I restraints was not Of Care", dated 11/28/09, was at "High Risk: Violence." Items such as establishing a and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for. The POC did not address and setting limits on for.	A 1	66	Attached as exhibit 9 is a copy Hospital's recently revised rest was approved 2/22/2010. All pbeen educated on this policy an this regard and a video and test education computer system, who clinical and housekeeping empl 2/26/2010. Particular attention necessity of updating the plan or restraints.	raint policy. To patient care stated their respons has been set-unich will be required to have to oyees to have to	his policy ff have sibilities in p on our uired for done by	
	incorporated restra	int usage into each patient's						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		•	(X3) DATE SURVEY COMPLETED	
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N. OF PROVIDER DR SUPPLIER MADISON MEMORIAL HOSPITAL			4	REET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET REXBURG, ID 83440			
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A 166	Continued From pa	ge 29	Α΄	166			
A 169	plan of care. 482.13(e)(6) PATIE OR SECLUSION	NT RIGHTS: RESTRAINT	Α΄	169			
	never be written as needed basis (PRN This STANDARD is Based on staff inter records, hospital pot the hospital failed to not written as prn or and #57) whose records that a chamical restricted freedom of that a chemical restricted freedom of the freed	Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN). This STANDARD is not met as evidenced by: Based on staff interview and review of medical records, hospital policies, and incident reports, the hospital failed to ensure restraint orders were not written as prn orders for 2 of 5 patients (#56 and #57) whose records were reviewed for restraints. This resulted in in the use of restraints without consulting the physician, a violation of patient rights. It had the potential to interfere with poatient safety. Findings include: A hospital policy, "Restraints-Management of Violent or Self-destructive Patient Behavior," dated 8/11/08, stated a physical restraint was any method or physical or mechanical devices that restricted freedom of movement. It also stated that a chemical restraint was a medication used in addition to, or in replacement of patient's regular drug regimen to control extreme behavior. The policy further stated that orders for restraints would never be written as a standing order or on a PRN basis. This policy was not followed.			Attached here as exhibit 9 is a copy enacted policy on restraints. A left medical staff members in-servicing on 2/18/2010 with particular attent writing restraint orders as PRN. A exhibit 15 is a copy of this letter. It staff restraint training will be conditive policy comes up for review.	ter was sent g them on the tion made to ttached here Ongoing me	to all his policy not to as edical

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		130025	B. VVIN	IG		01/1	2/2010
	MADISON MEMORIAL HOSPITAL			45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 169	PM, stated Patient aggressive. A verbaggressive.	#57 became combative and al order by the PCP for w" was documented on M. A form "Restraint: F A VIOLENT OR VE PATIENT BEHAVIOR 11/27/09 at 5:45 PM, ordered vrists, ankles, belt) and a of Haldol and Ativan. It was but not dated or timed. The stor signatures to renew the were renewed on 11/28/09 at on, 4:30 PM, and 8:30 PM, ten by the nurse. An order, not timed, stated "Haldol 10 rs as needed] Ativan 1 mg IM beeded]." A physician progress 9 at 4:25 PM, stated nent for chemical & soft d-Patient with Alzheimers & ode. Agree with restraints soft restraint prn." d the following medications: 48 PM on 11/27/09. 5:14 AM on 11/28/09. 11:32 AM on 11/28/09.	A 1	69	The necessity of monitoring patien specific part of staff in-service on a here as exhibit 10 is an outline of the performed on that date.	2/17/2010.	Attached

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
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N, _ OF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, 450 EAST MAIN STREET REXBURG, ID 83440	ZIP CODE	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETION DATE	
A 169	Continued From pa	ge 31	A 1	69			
	84 year-old female hospital on 1/04/10 current patient as o progress note, date stated Patient #56 demanding to go he progress note, date stated Patient #56 uncooperative. He now "throwing thing going to order Zypro antipsychotic, approantipsychotic, approantipsycho			Attached hereto as exhi written for both Zyprex. These orders were in the date the surveyors were discharged on that date record was not on the ur department when we record them. We apologize that the record from the med	a (0430) and Valium (or patient's medical recurrence. The patient had and her complete medical notes but in the medical national terived the call asking the patients.	0515). ord on the been ical records as to find	
		PM, the physician ordered by mouth three times a day					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE		
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NA. OF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPITAL		•	45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
A 169	as needed. This way physician's order should be patient #56 was given at 12:09 PM, 2:48 Further out), and again patient's Medication. The RN who worke starting at 1:10 PM, medication orders with the she did not know control the patient's chemical restraint. The hospital failed to not written as prinor 482.13(e)(11) PATIOR SECLUSION. Physician and other practitioner training specified in hospital physicians and other practitioners author seclusion by hospital physicians and other practitioners author seclusion. This STANDARD is Based on staff interpolicies, the hospital was in place to valid licensed independent whose of restraints. To the physician C and Hispidal Policies a	as documented on a neet. Pen Zyprexa 5 mg on 1/06/10 PM (which Patient #56 then in at 5:33 PM according to the Administration Record. d with Patient #56 on 1/06/10 was interviewed. The vere reviewed. She stated by that using Zyprexa to behaviors was considered a to ensure restraint orders were		176	Attached here as exhibit 9 is a copenacted policy on restraints. A let medical staff members in-servicin on 2/18/2010. Attached here to as of this letter. Ongoing medical stawill be conducted annually as the review.	tter was sent g them on th s exhibit 15 i aff restraint t	to all his policy is a copy training	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. BU			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	TAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
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A 176	indepedent practition in the hospital. A falicensed independe knowledge of restrainterfere with quality Findings include: A hospital policy, "Findings include: A hospital p	coners involved with retraint use ballure to ensure physicians and not practitioners had a working aint use had the potential to y and safety of patient care. Restraints- Management of a cructive Patient Behavior," at 8/11/2008, (section 13), have direct patient contact will ation and training in the proper traints." The policy did not pectations for physicians and at practitioners were any pospital's expectations for dealth care staff who had validated. With the Chief Quality Officer PM, she stated she was in credentialing and in four asked physicians regarding and to restraints. She stated restraint education available	A	176			
	who was working in although he had ful	on 1/08/10 at 9:30 AM, an MD the ED (Physician H), stated privileges with the hospital, it be he had written an order for					

	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEPTICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 176	restraints. He state had restraint protoc involved with restra Clerk to pull the "packet guidelines. training or education medical school, restrainly available, he was no been training availastated he would pring administration to many paperwork was controlled.	ed he was aware the hospital cols, and if he needed to be aints he would ask the Unit acket" and he would follow the He denied ever receiving any on related to restraints either in sidency, or from the hospital. Ital may have made training not sure, but that if there had able, he had not attended. He marily depend on the take sure all appropriate	A	76			
A 178	Family Practice ME hospital privileges or restraints in "years attended a restrain had not had to rest training. He report hospital had a restraining had a restraining had a restraining had a restraint of hospital failed licensed independent knowledge of hospital failed licensed independent knowledge of hospital failed licensed independent knowledge of hospital failed licensed independent hospital failed licensed i	O (Physician C) with full stated he had not dealt with "He thought he might have t training a few years prior, but rain any patients since the ed being aware that the	A	78			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NA OF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPITAL	'	REET ADDRESS, CITY, STATE, ZIP 450 EAST MAIN STREET REXBURG, ID 83440		2/2010	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 178 Continued From page 35 Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section. This STANDARD is not met as evidenced by: Based on staff interview and review of medical records, incident reports and hospital policy, the hospital failed to ensure 2 of 2 patients (#56 and #57), who had restraints applied for the management of violent behavior, received a face-to-face evaluation by an appropriately qualified person within 1-hour after the initiation the intervention. This resulted in the inability of the hospital to adequately assess patients for the causes of behaviors and to treatment alternatives. Findings include: The hospital's Restraints-Management of Violen or Self-destructive Patient Behavior policy, dated 8/11/08 stated a physician or other licensed independent practitioner must see and evaluate the need for a restraint within 1 hour after the initiation of the restraint. This policy was not followed. Examples include: 1. Patient #57's medical record documented an 85 year-old male who was admitted to the hospital on 11/27/09. The ED physician's "Clinical Report," dated 11/27/09, stated the patient's diagnoses included "Changed mental status. Dementia. Rule out cerebrovascular accident." A nursing note, dated 11/27/09 at 5:0 PM, stated Patient #57 became combative and aggressive and threatened staff with a pair of scissors. The note stated police were called and they subdued the patient. A verbal order by the PCP for "Haldol 5 mg IV now" was documented on 11/27/09 at 5:15 PM. A form "Restraint:	of e at d		10 particular empha ements and limitation re used to manage weather to as	on violent or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
A 178	MANAGEMENT OF SELF-DESTRUCTI Order Form," dated 5 point restraints (with chemical restraint of signed by the PCP form contained line orders. The orders 8:10 AM, 12:00 not based on times writted dated 11/28/09 but mg IM every 4 [hours as not not be a seen of the present of the present in the medical was evaluated by a the extent of his injusted to the extent of his injusted present in the medical was evaluated by a the extent of his injusted present in the medical present in the	FA VIOLENT OR VE PATIENT BEHAVIOR 11/27/09 at 5:45 PM, ordered vists, ankles, belt) and a of Haldol and Ativan. It was but not dated or timed. The story signatures to renew the were renewed on 11/28/09 at on, 4:30 PM, and 8:30 PM, ten by the nurse. An order, not timed, stated "Haldol 10 rs as needed] Ativan 1 mg IM eeded]." was present in the medical #57 was evaluated by a ser the incident at 5:00 PM on ine why the patient was so ative. No documentation was cal record that Patient #57 qualified person to determine uries following the incident. Gress note, dated 11/28/09 but sell last night & sustained + chest contusion." d the following medications: 48 PM on 11/27/09. 5:14 AM on 11/28/09. 11:32 AM on 11/28/09.	A 1	Although patient #57 was evadid in fact fail to document the have been instructed on the inall patient interventions and in require emergency room treat 16 is a copy of that memorance.	nat intervention. Some importance of documents in particular those iment. Attached a	Staff Imenting Which	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	TAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
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A 178	A face to face evaluation was not documented chemical restraints dated 11/28/09 at 4 record. It stated in requirement for chemical restraint with episode. Agree with soft restraint prn." No documentation or record that Patient a qualified person after chemical restraints. This was confirmed Manager/EMR m	pation by a qualified person and following the use of these A physician progress note, 125 PM, was noted in the lits entirety, "Reviewed smical & soft restraints as a Alzheimers & had combative the restraints Haldol, Ativan, and was present in the medical 1457 was evaluated by a ler the administration of the 4 on 11/27/09 and 11/28/09. by the ICU Nurse ager on 1/15/09 at 11:15 AM. Indical record documented an who was admitted to the for pneumonia, and was a for 1/07/10. The sessing the same of	A 1	178	Nursing staff were in-serviced 2/1 of drugs as a form of restraint and will take a test video. A test has be education computer system, Healt be required for clinical and house have done by 2/26/2010. The recepolicy, attached as exhibit 9, clear responsibilities in this regard.	a training vi een set-up or hStream, wh keeping emp ently enacted	ideo and n our nich will loyees to f restraint

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 178	audit sheet also do 6:30 AM, Patient #8 mg intramuscular to order was disconting The original orders of the survey. On 1/06/10 at 2:45 Zyprexa 5 to 10 mg as needed. This was physician's order shad a nursing note date Patient #56 was again urse stated Patient even though she was looking for people the stated that they wal halls at which time patients' rooms, becoming. Patient #56 1/06/10 at 12:09 PM Medication Administing did not contain a fact qualified person. A nursing note date Patient #56 was verun-cooperative. The walked Patient #56 was given at 2:48 PM (which Fand was then given 3:03 PM according Administration Recorders.)	cumented that on 1/06/10 at 66 was prescribed Zyprexa 5 vice a day as needed. This ued on 1/06/10 at 2:50 PM, could not be found at the time PM, the physician ordered by mouth three times a day as documented on a	A *	178	Attached hereto as exhibit 14 are written for both Zyprexa (0430) at These orders were in the patient's date the surveyors were here. The discharged on that date and her corecord was not on the unit, but in department when we received the them. We apologize that hospital the record from the medical record.	nd Valium (0 medical recover patient had emplete medi the medical recall asking u staff did not	0515). ord on the been local records as to find retrieve

	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
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MADISON MEMORIAL HOSPITAL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 178 Continued From page 39 The RN who worked with Patient #56 on 1/06/1 starting at 1:10 PM, was interviewed. She state the only time the physician saw Patient #56 on 1/06/10 was around 5:00 PM. She stated that she did not know that using Zyprexa to control to patient's behaviors was considered a chemical restraint, so therefore she did not think to reque a face-to-face evaluation by a qualified person. The hospital failed to ensure patients, who had			4	50 EAST MAIN STREET		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE
The RN who worked starting at 1:10 PM the only time the point of the did not know the patient's behaviors restraint, so therefore a face-to-face evaluated. The hospital failed restraints for the more ceived a face-to-appropriately qualify the initiation of the 482.21(a)(2) QAPI. The hospital must quality indicators, in events, and other assess processes operations. This STANDARD Based on patient resisted and analyze amissed opportunity processes of care apperformance improcesses of care apperforma	ed with Patient #56 on 1/06/10 II, was interviewed. She stated hysician saw Patient #56 on d 5:00 PM. She stated that nat using Zyprexa to control the was considered a chemical pre she did not think to request uation by a qualified person. Ito ensure patients, who had management of violent behavior, face evaluation by an fied person within 1-hour after intervention. QUALITY INDICATORS In measure, analyze, and track including adverse patient aspects of performance that of care, hospital services and its not met as evidenced by: ecord review and staff ital failed to track and analyze ents in 2 of 5 patients (#57 and is documented the use of adverse events resulted in for the hospital to evaluate and implement appropriate evenent measures to reduce diverse events and improve of patient care. Findings			of drugs as a form of restraint and been set-up on our education con HealthStream, which will be required housekeeping employees to have The recently enacted restraint po	d a video and nputer system uired for clinic done by 2/26 licy, attached	test has , cal and /2010. as
						4
	Summary STA (EACH DEFICIENC REGULATORY OR IN The RN who works starting at 1:10 PM the only time the p 1/06/10 was aroun she did not know the patient's behaviors restraint, so therefore a face-to-face evaluation of the more received a face-to-appropriately quality indicators, in events, and other a assess processes operations. This STANDARD Based on patient reinterview, the hospital received and or patient reinterview, the hospital received and analyze a missed opportunity processes of care appropriately control of the more received and analyze analyze and analyze ana	The Normal Properties and the patient's behaviors was considered a chemical restraints for the management of violent behavior, received a face-to-face evaluation by an appropriately qualified person within 1-hour after the initiation of the intervention. The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and analyze adverse events resulted in missed opportunity for the hospital failed to track and analyze adverse events and analyze adverse events and analyze adverse events and analyze adverse events resulted in missed opportunity for the hospital restraints. Failure to track and analyze adverse events and improve quality and safety of patient care. Findings	ROVIDER OR SUPPLIER N MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 39 The RN who worked with Patient #56 on 1/06/10 starting at 1:10 PM, was interviewed. She stated the only time the physician saw Patient #56 on 1/06/10 was around 5:00 PM. She stated that she did not know that using Zyprexa to control the patient's behaviors was considered a chemical restraint, so therefore she did not think to request a face-to-face evaluation by a qualified person. The hospital failed to ensure patients, who had restraints for the management of violent behavior, received a face-to-face evaluation by an appropriately qualified person within 1-hour after the initiation of the intervention. 482.21(a)(2) QAPI QUALITY INDICATORS The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations. This STANDARD is not met as evidenced by: Based on patient record review and staff interview, the hospital failed to track and analyze adverse patient events in 2 of 5 patients (#57 and #58) whose records documented the use of chemical and/or physical restraints. Failure to track and analyze adverse events resulted in missed opportunity for the hospital to evaluate processes of care and implement appropriate performance improvement measures to reduce the risk of future adverse events and improve quality and safety of patient care. Findings include: 1. Patient #58 was a 49 year-old female admitted on 11/18/09 to ICU for hypoxia, altered mental	ROVIDER OR SUPPLIER N MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 39 The RN who worked with Patient #56 on 1/06/10 starting at 1:10 PM, was interviewed. She stated the only time the physician saw Patient #56 on 1/06/10 was around 5:00 PM. She stated that she did not know that using Zyprexa to control the patient's behaviors was considered a chemical restraint, so therefore she did not think to request a face-to-face evaluation by a qualified person. The hospital failed to ensure patients, who had restraints for the management of violent behavior, received a face-to-face evaluation by an appropriately qualified person within 1-hour after the initiation of the intervention. 482.21(a)(2) QAPI QUALITY INDICATORS The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations. This STANDARD is not met as evidenced by: Based on patient record review and staff interview, the hospital failed to track and analyze adverse patient events in 2 of 5 patients (#57 and #58) whose records documented the use of chemical and/or physical restraints. Failure to track and analyze adverse events resulted in missed opportunity for the hospital to evaluate processes of care and implement appropriate performance improvement measures to reduce the risk of future adverse events and improve quality and safety of patient care. Findings include: 1. Patient #58 was a 49 year-old female admitted on 11/18/09 to ICU for hypoxia, altered mental	ROVIDER OR SUPPLIER N MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DOFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 39 The RN who worked with Patient #56 on 1/06/10 starting at 1:10 PM, was interviewed. She stated the only time the physician saw Patient #55 on 1/06/10 was around 5:00 PM. She stated that she did not know that using Zyprexa to control the patient's behaviors was considered a chemical restraint, so therefore she did not think to request a face-to-face evaluation by a qualified person. The hospital failed to ensure patients, who had restraints for the management of violent behavior, received a face-to-face evaluation by an appropriately qualified person within 1-hour after the initiation of the intervention. 482.21(a)(2) QAPI QUALITY INDICATORS The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations. This STANDARD is not met as evidenced by: Based on patient record review and staff interview, the hospital failed to track and analyze adverse patient events in 2 of 5 patients (#57 and #58) whose records documented the use of chemical and/or physical restraints. Failure to track and analyze adverse events and improve quality and safety of patient care. Findings include: 1. Patient #58 was a 49 year-old female admitted on 11/18/09 to ICU for hypoxia, altered mental	ROVIDER OR SUPPLIER N MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (FLACH DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (FLACH DEFICIENCY) FREGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 39 The RN who worked with Patient #56 on 1/06/10 starting at 1:10 PM, was interviewed. She stated the only time the physician saw Patient #56 on 1/06/10 was around 5:00 PM. She stated that she did not know that using Zyprex a to control the patient's behaviors was considered a chemical restraint, so therefore she did not think to request a face-to-face evaluation by a qualified person. The hospital failed to ensure patients, who had restraints for the management of violent behavior, received a face-to-face evaluation by an appropriately qualified person within 1-hour after the initiation of the intervention. 482.21(a)(2) QAPI QUALITY INDICATORS The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations. This STANDARD is not met as evidenced by: Based on patient record review and staff interview, the hospital failed to track and analyze adverse patient events in 2 of 5 patients (#57 and #58) whose records documented the use of chemical and/or physical restraints. Failure to track and analyze adverse events and improve quality and safety of patient care. Findings include: 1. Patient #58 was a 49 year-old female admitted on 11/18/09 to ICU for hypoxia, altered mental

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A 267	restraints ordered to her endotracheal tu PM and restraints wapplied at that time and restrained for 4 documentation of P safety, with the first 11:00 PM, 4 hours a Patient #58 suffered her left upper arm was confirmed on 11/22 were discontinued. According to a National Televiewer discontinued. In an interview with Medical Surgical and he reviewed Patient Patient #58 suffered The Clinical Coordinal PICC in place in the no incident report has sometimes patients with their hospitalization urse that cared for thrombosis was one stated the incident recompleted at the times.	do n a ventilator with wrist of prevent her from dislodging be. She was intubated at 7:00 were documented as being. Patient #58 was intubated days. There was sporadic ratient #58 being observed for documented observation at after initiation of the restraints. It a deep vein thrombosis in which was identified and /09; the same day restraints on all Institute of Health article, a Thrombosis and Pulmonary graphysical Restraint, dated risk of deep vein thrombosis onlism associated with a physical restraint, despite grisk factors. The Clinical Coordinator of the did ICU on 1/7/10 at 4:10 PM, at #58's record and verified that did a deep vein thrombosis. The did a deep vein thrombosis are left arm, and confirmed that and been made. He stated had complications associated repatient #58 felt the deep vein the such complication. He report should have been	A 2	267	Effective 2/1/2010 Madison Memo added a QI indicator documenting complication for patients in restrain will be tracked for at least one year	"possible nts" this ind	icator
		no presented to the ED on					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU!		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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A 267	11/27/09 at 11:23 A conducted the H&F the hospital under the H&F the hospital under the ED physician's 11/27/09, stated the "Changed mental scerebrovascular ac Patient #57 was adwas taken to radiolonote, dated 11/27/0 was called by MRI combative and agg take him back to rodownstairs and fou threatening. Pt had attempts to calm high [name] was called the House Supervisor at taken to floor by office treating a 1 inch land Laceration cleaned dressed with bandard House Supervisor." A verbal order by the now. 3. Haldol 5 mm 4. Haldol 2.5 mg [bid documented on 11/2 was not signed by the 12/18/09. A form "Restraint: VIOLENT OR SELIBEHAVIOR Order PM, ordered 5 points."	AM. The ED physician and admitted Patient #57 to the care of the patient's PCP. The care of t	A 2	267	Effective 2/1/2010 Madison Mem added a QI indicator tracking any inpatients being seen in the ER to appropriate documentation has be the care given in the ER	incidences of verify that a	of ill

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILE			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 267	the Haldol and Ativa but not dated or time. No documentation record that Patient incident, to determine agitated and comba present in the medi was evaluated to de injuries following the progress note, date stated "Fell last nighead + chest contumention the physicaneed for continued. An incident report he events related to Patient youngers and the case of the staff handled it talking to the case of the entry did not conjuries or on the use. The Safety Officer of 2:00 PM. She stated hospital protocol for "Code Armstrong" as She said the case of the determine if staff con prevent Patient #57 patient had adequated outburst. She said order to determine if staff con patient who determine if staff con prevent Patient #57 patient had adequated outburst. She said order to determine if staff con prevent patient #57 patient had adequated order to determine if staff con prevent patient #57 patient had adequated order to determine if staff con patient staff con pat	was present in the medical #57 was evaluated after the ne why the patient was so ative. No documentation was cal record that Patient #57 etermine the extent of his e incident. The PCP's first d 11/28/09 but not timed, nt & sustained [laceration] to sion." The note did not al or chemical restraints or the restraints. ad been filled out describing atient #57's combativeness on on the incident report by the d 11/30/09 at 11:04 AM, became irritated and violent by dept and thus this incident. The appropriately, per protocol. In managers and nursing staff, were harmed significantly."	. A 2	267	Effective 1/25/2010 any case of subdued by law enforcement or have a root cause analysis perforeported to the performance imp	security perso rmed by CQC	nnel will and	

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUII			COMPLETED	
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A 267	She said the case determine if Patien medical care follow case was not revie steps staff could ta The hospital did no adverse patient even	was not reviewed in order to the transfer to the transfer to the transfer to determine what the transfer transfer to determine what the transfer transfer to determine what the transfer transfer transfer to determine what the transfer trans	A 2				- Toronto
A 438	A82.24(b) FORM ARECORDS The hospital must each inpatient and must be accurately properly filed and rhospital must use a identification and rensures the integri protects the securion This STANDARD Based on record reinterview, it was deensure medical record and all care or orded documented in 3 owhose medical record the potential to negulately, and safety include: 1. Patient #7 was 12/22/09 for a RIG Physical Therapy redocumented the physical T	maintain a medical record for outpatient. Medical records written, promptly completed, etained, and accessible. The	A 4		All staff have been re-instructed accuracy in medical records par site and side. All other entries in record reflect the proper side. "I is simply a scrivener, error perhathe word "not" mistakenly, bein "Note" as was done by whoever	ticularly with n this patient's Left" instead of naps somewhating used for the	regards to s medical of "Right" t akin to work

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATÉ SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
A 438	1/05/10 at 3:30 PM reviewed the record physical therapist judid not actually do to the hospital failed was accurately write. 2. Patient #56's me 84 year-old female hospital on 1/04/10 history of dementia patient as of 1/07/1 Patient #56's medic pharmacy "Medicate documented on 1/0 was prescribed Zyp as needed. This or 1/06/10 at 2:49 PM audit sheet also do 6:30 AM, Patient #5 mg intramuscular the original orders of the survey. A nursing note date Patient #56's physic medications because take medication by was given Valium 5 according to the paradministration Recond to be found at the The Medical/ICU Medical/	the Chief Quality Officer and stated she hoped the list made a charting error and therapy on the wrong knee. To ensure the medical record ten. The dical record documented an who was admitted to the for pneumonia and had a Patient #56 was a current to. The pharmacy "Medications" cumented that on 1/06/10 at 6:30 AM, Patient #56 was discontinued on The pharmacy "Medications" cumented that on 1/06/10 at 6:60 was prescribed Zyprexa 5 wice a day as needed. This ued on 1/06/10 at 2:50 PM. could not be found at the time of 1/06/10 at 5:15 AM, stated that was called to obtain IV se the patient was refusing to mouth or injection. Patient #56 mg IV on 1/06/10 at 5:38 AM tient's Medication ord. The original orders could	A 4		Attached hereto as exhibit14 are written for both Zyprexa (0430) These orders were in the patient date the surveyors were here. The discharged on that date and here crecord was not on the un, but in the department when we received the them. We apologize that hospitat the record from the modification.	and Valium (('s medical recone patient had complete medithe medical recoll asking use the call asking use the medical recone call asking use the	0515). ord on the been ical cords as to find refrieve
		ind the medication orders.			the record from the medical record	ras departmen	it.

PRINTED: 01/22/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 130025 01/12/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST MAIN STREET** MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 45 A 438 A 438 The hospital failed to ensure the medical record Attached as exhibit 17 is the recently approved policy documented all physician orders. for documentation in the medical records. All clinical staff including medical staff were in-services on this 3. Patient #57's medical record documented an policy. In addition proper physician documentation and 85 year-old male who presented to the ED on authentication of all medical records has been added as 11/27/09 at 11:23 AM. The ED physician's a QI indicator which will be monitored at least for the "Clinical Report," dated 11/27/09, stated the next six months by the Health Information Management patient's diagnoses included "Changed mental Director. Monitoring of hospital clinical staff status Dementia. Rule out cerebrovascular documentation will be done by the individual accident." department educators and reported to the performance improvement committee on a monthly basis for at least Patient #57 was admitted to the medical floor. He the next 6 months. was taken to radiology for an MRI at 4:00 PM. A nursing note, dated 11/27/09 at 5:00 PM, stated "Nurse was called by MRI tech and told that pt was combative and aggressive and nurse needed to take him back to room and calm him. Arrived downstairs and found pt to be agitated and threatening. Pt had scissors in hand and all attempts to calm him were not effective. Doctor [name] was called for 1 to 1 order as well as Haldol to calm the pt. Police were called by House Supervisor and pt hit officer on left ear. Pt taken to floor by officer, pt hit head on way down, creating a 1 inch laceration on the right forehead. Laceration cleaned with soap and water and dressed with bandage. 5 mg Haldol given IM by House Supervisor." No documentation was present in the medical record that Patient #57

incident.

was evaluated by a physician or other person to determine the extent of his injuries following the

Also, the form "Restraint: MANAGEMENT OF A VIOLENT OR SELF-DESTRUCTIVE PATIENT BEHAVIOR Order Form," dated 11/27/09 at 5:45 PM, ordered 5 point restraints (wrists, ankles, belt) and a chemical restraint of HaldoJ and

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''			(X3) DATE SURVEY COMPLETED	
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OVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CO 450 EAST MAIN STREET REXBURG, ID 83440	DDE		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETION DATE	
Ativan. The order of the Haldol and Ativa but not dated or time for signatures to rerwere renewed on 1 noon, 4:30 PM, and written by the nurse renewals. A physic 11/28/09 at 4:25 PM requirement for che needed-Patient with episode. Agree with soft restraint prn." I present in the mediphysically restrained and renewing the order of the confirmed at 11:15 Patient #57 was tresincident. She stated physician. She said and treatment in the She confirmed a nowas not documente restraints was not the Finally, she said the a face to face evaluate use of restraints. The hospital failed to surrounding the incident. All patient medical recomplete, dated, tin and the dated at the dated, tin and the dated, tin and the dated at the dated, tin and the dated at the dated, tin and the dated at the dated at the dated at the dated, tin and the dated at t	did not include the dosages of an. It was signed by the PCP ed. The form contained lines new the orders. The orders 1/28/09 at 8:10 AM, 12:00 I 8:30 PM, based on times at A physician signed all 4 ian progress note, dated A, stated "Reviewed emical & soft restraints as a Alzheimers & had combative the restraints Haldol, Ativan, and No documentation was cal record that the patient was at A rationale for obtaining order for physical restraints but not documented. The physician had conducted at the use of noroughly documented. The physician had conducted at the patient following the document events. This was not documented. The patient following the document events at the use of restraints. The physician had conducted at the use of restraints. The patient events at the use of restraints. The physician had conducted at the use of restraints. The physician had conducted at the use of restraints. The provided had a the use of restraints.		Further Madison Memorial H policy on restraints which is a 9. Staff have been in-service 2/17/2010 and a video and test education computer system, I be required for clinical and he have done by 2/26/2010. The been added as a QI indicator, for at least the next 6 months Improvement Director. Attach an outline of the in-service gives	attached here to a on this policy on thas been set-up lealthStream, whousekeeping empleases of restraints which will be monthly the Performants of the Performants of the Performants of the policy the Performants of the Per	s exhibit on our ich will loyees to s" has onitored ice which is	
	SOVIDER OR SUPPLIER MEMORIAL HOSPI SUMMARY STA (EACH DEFICIENCY REGULATORY OR L. Continued From pa Ativan. The order of the Haldol and Ativa but not dated or time for signatures to refere were renewed on 1 noon, 4:30 PM, and written by the nurse renewals. A physically restrained and renewing the order physically restrained and renewing the order and treatment in the Patient #57 was tre- incident. She state physician. She said and treatment in the She sont documente restraints was not the Finally, she said the a face to face evaluate the use of restraints The hospital failed the surrounding the incident. All patient medical re complete, dated, tine written or electronic All patient medical re complete, dated, tine written or electronic	CORRECTION IDENTIFICATION NUMBER:	A BUIL 130025 A BUIL 130025 A BUIL 130025 A BUIL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 46 Ativan. The order did not include the dosages of the Haldol and Ativan. It was signed by the PCP but not dated or timed. The form contained lines for signatures to renew the orders. The orders were renewed on 11/28/09 at 8:10 AM, 12:00 noon, 4:30 PM, and 8:30 PM, based on times written by the nurse. A physician signed all 4 renewals. A physician progress note, dated 11/28/09 at 4:25 PM, stated "Reviewed requirement for chemical & soft restraints as needed-Patient with Alzheimers & had combative episode. Agree with restraints Haldol, Ativan, and soft restraint prn." No documentation was present in the medical record that the patient was physically restrained. A rationale for obtaining and renewing the order for physical restraints but not using them was not documented. The Clinical Coordinator for Intensive Care was interviewed at 11:15 AM on 1/15/10. She stated Patient #57 was treated in the ED following the incident. She stated he was seen by the ED physician. She said Patient #57's examination and treatment in the ED was not documented. She confirmed a note by the House Supervisor was not documented. She also stated the use of restraints was not thoroughly documented. She confirmed a note by the House Supervisor was not documented. She also stated the use of restraints was not thoroughly documented. The hospital failed to document events surrounding the incident and the use of restraints. Asian authenticated in written or electronic form by the person	IDENTIFICATION NUMBER: 130025 STREET ADDRESS, CITY, STATE, ZIP CO 450 LAST MAIN STREET REXBURG, ID 83440 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 46 Ativan. The order did not include the dosages of the Haldol and Ativan. It was signed by the PCP but not dated or timed. The form contained lines for signatures to renew the orders. 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Further Madison Memorial H policy on restraints which is a public of restraints which is a policy on restraints which is a public of restraints which is a public of restraint which is a pub	INMEMORIAL HOSPITAL SUMMANY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 46 Ativan. The order did not include the dosages of the Haldol and Ativan. It was signed by the PCP but not dated or timed. The form contained lines for signatures to renew the orders. The orders were renewed on 11/28/09 at 8:10 AM, 12:00 noon, 4:30 PM, and 8:30 PM, based on times written by the nurse. A physician signed all 4 renewals. A physician progress note, dated 11/28/09 at 4:25 PM, stated "Reviewed requirement for chemical & soft restraints as needed-Patient with Alzheimers & had combative episode. Agree with restraints Haldol, Altvan, and soft restraint pm." 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The hospital failed to document events surrounding the incident and the use of restraints. 482.24(c)(1) MEDICAL RECORD SERVICES All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		130025	B. WIN	B. WING		01/12/2010	
	ROVIDER OR SUPPLIER	TAL		4	REET ADDRESS, CITY, STATE, ZIP CODE ISO EAST MAIN STREET REXBURG, ID 83440		
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A 450	provided, consistent procedures. This STANDARD is Based on staff inter records and hospitate the hospital failed to records were comp 50 patients (#3a, #7 records were review clarity as to the time potential to interfere of care. Findings in On 1/05/10 at 1:05 a list of policies need list were any policie for documentation it hospital policy was Analysis of Medical stated "all physician timed, and dated." address the expect physician entries in timed, and authentiform, by the person evaluating the service express clear experimental policy was not that addressed documentation in medical staff other than phy on 1/07/10 at 3:50 is stated she was not that addressed docursing staff as the or dating and timing believed staff got trees.	t with hospital policies and s not met as evidenced by: view and review of clinical al policies, it was determined bete, dated, and timed in 5 of 7, #19, #56, and #57) whose ved. This resulted in a lack of reline of care, which had the rewith patient safety and quality relude: PM, the PI Manager was given reded for review. Among the rest that related to expectations on the medical record. A revided titled "Assembly and Records," dated 1/29/09, or entries shall be signed, The policy did not address reation that entries other than the medical record be dated, reated, in written or electronic responsible for providing or rece provided. This failure to retations to all patient care staff red to the failure to document redical record entries involving r	A	150	Attached as exhibit 17 is the recer for documentation in medical recoincluding medical staff were in-se on 3/01/10. In addition proper do authentication of all medical record a QI indicator which will be moninext six months by Sandra Johnso Management Director.	ords. All clinervice on this ocumentation rds has been tored at least	ical staff policy and added as for the

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι, .	ULTIPI LDING	LE CONSTRUCTION		3) DATE SURVEY COMPLETED	
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,	PROVIDER OR SUPPLIER	TAL		450	ET ADDRESS, CITY, STATE, ZIP CODE DEAST MAIN STREET EXBURG, ID 83440			
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A 450	1. Patient #57's me 85 year-old male w 11/27/09 at 11:23 A conducted the H&F the hospital under the was combative and to take him back to downstairs and four threateningPolice Supervisor and pthe floor by officer, pereating a 1 inch late Laceration cleaned dressed with bands. The PCP's first prowas not timed. It si	edical record documented an ho presented to the ED on AM. The ED physician and admitted Patient #57 to the care of the patient's PCP. ed 11/27/09 at 5:00 PM, stated by MRI tech and told that pt aggressive and nurse needed room and calm him. Arrived and pt to be agitated and were called by House hit officer on left ear. Pt taken thit head on way down, ceration on the right forehead. with soap and water and	A	450				
	findings of a chest what time the X-ray signed by the radio An interview was con 1/13/10 at 8:55 computerized meditime the X-ray was Patient #57's medic which were not time 2. Patient #56's me 84 year-old female hospital on 1/04/10	edical record documented an who was admitted to the for pneumonia and had a . Patient #56 was a current						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUII		PLE CONSTRUCTION G	COMPLE	
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	ROVIDER OR SUPPLIER	TAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIED TO THE AP	ULD BE	(X5) COMPLETION DATE
A 450	physicians' progres Both progress note note stated Patient and demanding to g progress note state agitated and uncoo The Medical/ICU M Clinical Educator re at 2:30 PM and con dated. 3. Patient #7 was a 12/22/09 for a RIGH "Authorization for O Treatment," dated f not timed. During an interview Chief Quality Office confirmed the author 4. Patient #19 was on 11/16/09 for left consent was signed In addition, an "Auth Procedure, of Treat not timed. Anesthe dated 11/12/09 at 1 without being initials for the cross outs. During an interview Chief Nursing Office confirmed the incon	cal record contained two is notes that were not timed. Is were dated 1/06/10. One #56 was confused, agitated, go home. The second d Patient #56 was "more" perative. anager, and the hospital's eviewed the record on 1/07/10 firmed the notes were not firmed the notes were not experience. An aperation, Procedure, or 12/18/09, for patient #7 was experienced and orization form was untimed. It is a 66 year-old male admitted knee surgery. A treatment of the patient but not dated experienced in the patient but not dated experienced in the patient was said orders for Patient #19, 1:10 AM, were crossed out end, dated, or an explanation or 1/06/10 at 10:30 AM, the expression of the record and provided the record and provided the record and provided the record and the patient was said orders for Patient #19, 1:10 AM, were crossed out end, dated, or an explanation or 1/06/10 at 10:30 AM, the expression of the patient was said the record and the provided the record and the patient was said to the patient was said	A 4	150	Attached here to as exhibit 18 is the policy on consents and staff have be this policy. Review for proper con as a Ql indicator and will be tracke Performance Improvement Directo 6 months.	een in-servi sent has bee d by the	ced on n added

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) N AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BU

130025

	OMD NO. 0330-039
(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
A, BUILDING	COMPLETED
B. WING	01/12/2010

PRINTED: 01/22/2010

	PROVIDER OR SUPPLIER N MEMORIAL HOSPITAL	4	REET ADDRESS, CITY, STATE, ZIP CODE 150 EAST MAIN STREET REXBURG, ID 83440
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A 724	11/30/09. She was admitted directly to the NICU, and was discharged home at 18 days of age. Areas of concern were as follows: a. The infant had a security band placed after delivery, as there was a band number documented on the "Newborn Identification" sheet, undated. The document may also have been known as the "footprint" sheet. There was a set of footprints, and a print of "mother's" index finger. The sheet had the identification band number listed as 52753. The sheet contained areas for other details, such as birth date, time, sex of infant, weight, length, mother's hospital number. and infant's name. The areas were all left blank. b. The "Special Care Nursery Teaching-Discharge sheet had the mother's signature, but the area where the band number was to be written down was left blank, as was the area for the nurse signature, who was to verify the band and parent ID. c. The "Discharge Orders/Information Sheet" dated 12/18/ (no year,) had only the mother's signature and not the discharging nurse signature. During an interview on 1/06/10 at 9:00 AM with the OB Manager, she reviewed the record and confirmed the ID numbers were conflicting, as well as the information needed on the forms was incomplete. 482.41(c)(2) FACILITIES, SUPPLIES, EQUIPMENT MAINTENANCE	A 724	It is our protocol to document the baby's ID band # on the NICU Discharge Teaching Form, have the discharge nurse sign, and the mother or agent for the baby also sign this form. This was a case of the nurse charting that she did discharge teaching in her notes, but failed to fill out the Discharge Teaching Form appropriately per protocol. We addressed this problem in an e-mail to all NICU nurses upon receiving the findings from our Chief Nursing Officer. We addressed this issue in our NICU staff meeting on January 27, 2010. Training was done on the importance of and how to fill out this form in this meeting. It was also found that the Footprint sheet was not filled out and the security band # was transposed incorrectly on this sheet. We have revised the Newborn Identification Form, which was approved on January 21, 2010. See exhibit 13 for a copy of this form. We reduced the amount of information lines and consolidated the information with placing the mom and infant's admission sticker on the form along with a signature from the person taking the prints. We feel that the information now provided will meet the objectives of this form.
	incomplete. 482.41(c)(2) FACILITIES, SUPPLIES, EQUIPMENT MAINTENANCE		cility ID: IDPWQF If continuation sheet Page

PRINTED: 01/22/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 130025 01/12/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST MAIN STREET** MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 724 Continued From page 51 A 724 safety and quality. On (enter date) we acquired a new computer program to This STANDARD is not met as evidenced by: track the Bio-medical equipment. On (enter date) all Based on observations, staff interview, and pieces of equipment were entered into the system. With review of hospital policy, it was determined the this system we have the ability to run a daily report to hospital failed to ensure supplies and equipment see what equipment needs to be calibrated. This report were maintained at an acceptable level of safety will be run by the Bio-Med Tech and assignments will and quality for 4 of 10 departments (Inpatient be made at the Engineering morning meeting. We have Surgery, Outpatient Surgery, Medical/Surgical, created a report that will be printed the beginning of the and the Laboratory). The failure to maintain month showing any Bio-medical PM's that were not supplies and equipment had the potential to directly injure or expose patients to illnesses. The done. In the event that there is a piece of equipment that was not checked during the month this equipment findings include: will receive first priority to ensure that we keep it inspected as scheduled. This report will be sent to the 1. During tours of the hospital's Engineering Supervisor and it will be discussed in the inpatient/outpatient surgery departments, on morning Engineering meetings to ensure that all 1/06/10 starting at 9:30 AM and ending at 12:00 equipment are current. RF tags have been purchased PM, concerns with bio-medical safety and quality and are being placed on equipment as they come due testing, equipment cleaning and disinfecting, and for calibration to help track the location of equipment, expired supplies were noted as follows: which will help with not being able to find the equipment that is due for service. a. During an observed tonsillectomy and adenoidectomy in the hospital's inpatient surgery center, on 1/06/10 starting at 8:20 AM, a Baxter Infusion Pump, ID #2209, was observed infusing diprivan (an intravenous sedative-hypnotic agent used for the induction and maintenance of

quality.

able to ensure safe operation.

anesthesia or sedation). The Bio-Medical safety and quality sticker on the pump stated the pump was last checked for safety and quality on 4/08, and expired on 9/08. Without current inspections of medical equipment, the facility would not be

The hospital failed to ensure equipment was maintained at an acceptable level of safety and

b. During a tour of the hospital's inpatient surgery

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) iV A. BUi		IPLE CONSTRUCTION IG	(X3) DATE St COMPLE	
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A 724	department, on 1/06 ending at 11:40 AM Management Syste arthroscopic procedequipment's safety documented it was Bio-Engineering on On 1/06/10 starting Bio-Engineering emstated the hospital's outdated and he cohospital's medical eand quality testing, staff to identify and needed to be re-cheshould never use esafety and quality to The hospital failed maintained at an acquality. c. The hospital failed maintained at an acquality. c. The hospital's Crucoking policy, date was to check the or hours for quality (a therapeutic dose of heart when they are During a tour of the department on 1/06 December 2009's Control of the department on 1/06 De	6/10 starting at 9:30 AM and I, a Dyonics 25 Fluid m, ID #361, (used for dures) was observed. The and quality testing sticker due for testing by 8/08. at 11:25 AM, a aployee was interviewed. He is computer software was uld not track when all of the equipment was due for safety. He stated it was up to nursing a send down equipment that ecked, and that nursing staff quipment that had an expired esting sticker. To ensure equipment was eceptable level of safety and ash Cart Inventory and ash Cart's defibrillator every 12 defibrillator delivers a electrical energy to a patient's	A 7	724			

CENTE	RS FOR MEDICARE	8 MEDICAID SERVICES				OMB NO.	0938-0391
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MADISO	N MEMORIAL HOSPI	TAL			50 EAST MAIN STREET REXBURG, ID 83440		
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A 724	Surgical Unit's Mar Without current tes facility would not be operation. The hospital failed checked for an acc quality. d. During a tour of department on 1/06 dirty utility room wabeing used to clear colonoscopies and observed to contain possibly detergent was called Endozin for the detergent was called Endozing the detergent instructions. The Central Steriliz on 1/06/10 starting know that the determined in the	to ensure equipment was reptable level of safety and the hospital's inpatient surgery of 10 starting at 11:00 AM, a subserved. The room was nendoscopes used for endoscopes used for endoscopies. A sink was not a scope soaking in water and a the detergent being used ne AW, and the label directions as to add 1.5 ounces to every owever, the dirty utility room did assuring devices. The use of gent could result in patient reation Director was interviewed at 11:02 AM. She did not regent was to be mixed using regent to 1 gallon of water and that staff had been following the ons.	A	724	A measuring device was added to 1/14/2010 and staff have been traidilution of soap and water.	the endo ro	om on oroper
	surgical department PM and ending at 1	the hospital's outpatient at, on 1/06/10 starting at 12:00 12:30 PM, 7 red top tubes, and samples for laboratory					
ORM CMS-2:	e. During a tour of surgical department PM and ending at	the hospital's outpatient ot, on 1/06/10 starting at 12:00 12:30 PM, 7 red top tubes, od samples for laboratory	1	Fac	cility ID: 1DPWQF If contin	nuation sheet	Page 54 of

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/22/2010 FORM APPROVED

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 01/22/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDIN	3	COMPLE	TED
		130025	B. Wif	B. WING 01/		01/1:	2/2010
	ROVIDER OR SUPPLIER	TAL .	·····	45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 724	expired on 7/08. Ac also used to collect were expired as of the hospital's outpat Nurse Manager, where the use of expired equipment could research. The hospital failed the surgical department laboratory supplies, were out of circulative. During tours of the inpatient/outpatient 1/06/10 starting at 5 PM, concerns with the as follows: During a tour of the Department, on 1/06 ending at 5:40 PM, equipment did not he current safety and of a. Blanket Warmer, Bio-Engineering stick check expired on 9/08. b. Floor Fan, ID #00 sticker for safety and 8/08. c. Cardiac Portable	ed. The red top tubes had diditionally, 3 green top tubes, blood samples for testing, 12/09. This was confirmed by tient surgical department's o was present during the tour. It discarded the expired tubes aboratory sample collection sult in incorrect laboratory. To ensure that the outpatient had ensured that all expired accessible for patient testing, on. The hospital's surgery departments, on 130 PM and ending at 5:40 pio-medical safety were noted the following medical ave documented evidence of quality testing: The #0662, the exer for safety and quality on. The Bio-Engineering did quality check expired on the exer for safety and quality the exer for safety and quality on. Monitor, ID #0710, the exer for safety and quality	A	724	Madison Memorial Hospital has a computer program to track the Bi On (enter date) all pieces of equipinto the system. With this system run a daily report to see what equipinto the system. With this system run a daily report to see what equipments will be many morning meeting. We have creat printed the beginning of the month medical PM's that were not done, there is a piece of equipment that during the month this equipment priority to ensure that we keep it is scheduled. This report will be set Supervisor and it will be discusse Engineering meetings to ensure the current. RF tags have been purch placed on equipment as they comhelp track the location of equipment with not being able to find the equipment service.	o-medical e oment were if we have the ipment need in by the Bio de at the En ed a report the h showing a . In the ever was not che will receive inspected as int to the En ing d in the mon inat all equip lased and are e due for ca ent, which v	quipment. entered le ability to ds to be le-Med gineering that will be any Bio- nt that lecked first gineering rning rment are le being libration to will help

(X2) MULTIPLE CONSTRUCTION

	OF CORRECTION	IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE		
		130025	B. WIN	1G _		01/1:	2/2010
	ROVIDER OR SUPPLIER N MEMORIAL HOSPI	TAL		4	REET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET REXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 724	not to have an iden documented evider testing. The use of not been routinely of could result in patie. The lack of current confirmed by the M tour, and the items care areas. The hospital failed Medical/Surgical ur care, was checked and quality. 3. During a tour of 1/07/10 starting at 2 PM, concerns with testing, equipment supplies were noted. a. The Stat Spin Ex 320 centrifuge, Hel Helmer Frozen Fre observed not to have quality sticker. This laboratory results a On 1/07/10 at 3:50 Manager stated he had been checked and quality. He sta	sion pump, serial #745468, did tification sticker or nee of safety and quality medical equipment that had checked for quality and safety ent injury. safety and quality testing was edical/ICU Manager during the were removed from patient to ensure equipment in the nit, in circulation for patient for acceptable levels of safety the hospital's laboratory, on 2:20 PM and ending at 3:50 bio-medical safety and quality calibration, and expired d as follows: spress 4 centrifuge, Universal mer Platelet Rotator, and a sh Plasma warmer were we an Bio-Medical safety and secould result in incorrect	A	724			
		outine safety and quality ted due to an outdated					

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION 3	COMPLE	
		130025	B. WIN	۱G		01/1:	2/2010
	ROVIDER OR SUPPLIER	TAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 724	The hospital's Bio-Eto ensure that all la routinely tested for result in incorrect la processes. b. MLA Pipettes we as described below pipette that consiste standard, preset, ca whenever it's plung Pipette could be se of fluid from 1ul (mi 1000ul. MLA Pipettreagents to blood, uspecimens for laboratory A Technical Service Pipette distributors starting at 10:20 All should be checked every 6 months. The Laboratory Man calibration records in note was received of the Laboratory Man any records for the	Engineering department falled boratory equipment had been safety and quality, which could aboratory results and/or are not apprpriately calibrated, and MLA Pipette was a cently drew up and delivered a alibrated volume of fluid er was depressed. The MLA at to aspirate one individual unit croliter 0.000001 liter) to tes were used to add chemical urine and/or other laboratory ratory testing. The use of Pipettes could result in results. The representative of the MLA was interviewed on 1/08/10 M. She stated the MLA Pipette for accurate unit calibration anger was asked for the for the pipettes on 1/07/09. A on 1/08/10 at 8:00 AM, from ager stating she did not have calibrations of the pipettes.	A	724			
	was last calibrated	d a sticker that documented it on 12/13/04. d a sticker that documented it					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		130025	B. Wif	B. WING		01/12/2010	
	ROVIDER OR SUPPLIER N MEMORIAL HOSPI	TAL		4	REET ADDRESS, CITY, STATE, ZIP CODE 150 EAST MAIN STREET REXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRICIENCY)	ULD BE	(X5) COMPLETION DATE
A 724	Pipette #11 contain it was last calibrated. Pipette labeled #13 documented it was Pipette #15 contain it was last calibrated. Pipette #15 contain it was last calibrated. Eight other pipettes have stickers docur last calibrated. A Medical Technologithere, was the last phad checked the calibrated than responsible for chelaboratory's MLA Pith hospital's labor had routinely check calibration. The use Pipettes could resuresults. c. During a tour of the 1/07/10 starting at 2 PM, 4 blue top tubes.	on 6/26/01. d a sticker that documented it on 11/18/09. ed a sticker that documented d on 12/13/04. contained a sticker that last calibrated on 12/13/04. ed a sticker that documented d on 6/26/01. observed to be in use, did not menting as to when they were est, who no longer worked person that he knew of that dibration of the pipettes. 7 AM, the Bio-Engineering the was unsure who was cking the calibration of the		724			
		,					

PRINTED: 01/22/2010 FORM APPROVED OMB NO. 0938-0391

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	
		130025	B. WING		01/1	2/2010
	PROVIDER OR SUPPLIER IN MEMORIAL HOSPI	TAL	5	TREET ADDRESS, CITY, STATE, ZIP (450 EAST MAIN STREET REXBURG, ID 83440	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 724	laboratory processi expired on 8/09. The sample collection elincorrect laboratory Manager, who was confirmed the tubes the tubes. The hospital failed to Department's expire from use. The hospital failed to equipment where movel of safety and confirmed the tubes. The hospital failed to equipment where movel of safety and confirmed to safe	ing refrigerator. The tubes had the use of expired laboratory quipment could result in results. The Laboratory present during the tour, is were expired and discarded to ensure the Laboratory ed supplies were removed to ensure supplies and the initialized at an acceptable quality. TION CONTROL OFFICER is all officer or officers must or identifying, reporting, controlling infections and tases of patients and the sure that hospital kitchen staff code infection control went the possible spread of the expose patients to illnesses.	A 72	4	cer now has an Exc liness documented ins and communicates infections that a ave. All managers in what diseases or set their employees. Overe also sent to the sking that they send onth for the previous some for illnesses. S	to track ble may be were symptoms on e d the a list ous
	1/06/10 starting at 2	:00 PM and ending at 5:30 letary Department's supplies				ĺ

and equipment noted as follows:

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 01/22/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

ND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BU	LDING	3	COMPLE	TED
		130025	B. WII	۷G		01/12	2/2010
	ROVIDER OR SUPPLIER V MEMORIAL HOSPIT	TAL .		STREET ADDRESS, CITY, STATE, ZIP CO 450 EAST MAIN STREET REXBURG, ID 83440			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 749	Compliance, Temper policy, dated 2/11/0 clearly labeled and a cover stored food in and quality. Uncoveross-contamination failure to date food is safety and quality at that food was opened. The hospital's Dieta Control Policy, date be stored covered, I policies were not complicies were not complicies were not complicies were not complicies. PM, the following founcovered and/or uncovered and/or uncovered. At the cheese cake was unpreparation and complete the content. The kitchen's walk-opened package of	Storage, Temperature erature Logs, and Disposition 8, stated "Containers will be dated." The failure to not creases the risk of food safety ered food has a potential for not food borne bacteria. The increased the risk of poor food is the facility could not ensure reded within 7 days from when d. The increased the risk of poor food is the facility could not ensure reded within 7 days from when d. The increased the risk of poor food is the facility could not ensure reded within 7 days from when d. The increased the risk of poor food is the facility could not ensure reded within 8 to foods shall abeled and dated. This implied with as followed: The hospital's kitchen, on the could be included to be included to be included at the could be included and the could be incl	A	749	The dietary staff will be in-service Infection control focusing on prop date procedures. Attendance sheet be used as proof of training. Daily monitor log will be done for 30 da service to assure compliance. Periode done thereafter.	er food labe s and test so monitoring sys followin	eling and cores will g using a ig the in-
		ich meats and a raisin filling					

(X2) MULTIPLE CONSTRUCTION

PRINTED: 01/22/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING B. WING 130025 01/12/2010

NAI... OF PROVIDER OR SUPPLIER

PERCHAPITAL LICENTAL

STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST MAIN STREET

MADISON MEMORIAL HOSPITAL		AST MAIN STREET				
		REXBURG, ID 83440				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 749	Continued From page 60	A 7	49			
	that were not labeled to include the date the contents were opened and the content. The above items were covered and/or discarded during the tour by the hospital's Dietary Manager. He confirmed the items should have been covered and/or labeled.					
	The hospital failed to ensure kitchen staff had covered and/or labeled all food products to prevent cross-contamination and/or spoilage.			Coaching in Action Forms have been filled or		
	b. During a tour of the hospital's kitchen on 1/06/10 at 2:00 PM, an employee was eating peanut butter in a food prep area. Eating in food preparation areas increases the potential risk of cross contamination of bacteria and employee illnesses. The kitchen employee stated on 1/06/10 at 2:00 PM, that she did not know that she was not allowed to eat food in the kitchen's food preparation areas.			presented to the two dietary employees in que 1/12/10. Attached here as exhibit 21 is the CAction Form that is being used to address the with the employees. A review of the potential control risks of eating in food preparation are covered as part of our dietary meeting held of Daily the dietary manager will visually monsigns of food items being consumed in the formareas.	Coaching in is issue al infection eas will be on 2/23/10.	
	During a revisit to the hospital's kitchen on 1/07/10 at 8:20 AM, a second employee was noted eating French Toast as she prepared a consumer's breakfast.					
	During an interview with the kitchen's Dietary Manager on 1/07/10 at 9:00 AM, he stated that kitchen employees should not be eating in the kitchen's food preparation area.					
	The hospital failed to ensure kitchen staff did not consume food in food preparation.		,			
	c. The hospital's Dietary Department-Infection Control Policy, dated 11/23/09, stated sinks should contain the proper dilution of quaternary ammonium as indicated by Eastern Idaho Public Health Department (240 parts per million).					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD 8E	(X5) COMPLETION DATE
A 749	Continued From pa	ge 61	Α .	749			
A 749	During a tour of the at 2:00 PM, a four of observed. This sind equipment. One site equipment in quate quaternary ammoniautomatically through quaternary ammoniautomatically through quaternary ammonistic sink. On 1/06/10 at 3:30 asked to provide a strip (this strip check quaternary ammonifind any test strips, ammonium system outside vender for a that neither he, nor periodically checked vender's visits to enammonium was additionable to the quaternary ammonium was additionable to the quaternary ammonium was additionable to generature and the policy of the hospital's Food Compliance, Tempolicy, dated 2/11/00. The hospital's Kitch policy, dated 3/31/00 were to be filled with to "Follow mixing in The hospital's Dieta Control Policy, dated 2/11/00.	hospital's kitchen on 1/06/10 compartment sink was k was used to wash kitchen ink was used to sanitize the mary ammonium. The um was dispensed in a system that mixed the um with the water as it filled. PM, the Dietary Manager was quaternary ammonium test ks the concentration on the um in the water), he could not. He stated that the quaternary was checked monthly by an accurate dilutions. He stated any other staff had if the system in between the issure the quaternary equately diluted. However, the Four Compartment Sink that did prompt staff to check that did prompt staff that di	. A	749	Quaternary test strips were purcha in-service was held on 01/28/10 acratios and temperature of sanitatio also be a part of our scheduled inf service held on 2/25/10 where we Storage, Temperature Compliance and Disposition" focusing on quat monitoring in three compartment buckets. Attendance sheets and teas proof of training. Daily monitor monitoring log will be done for 30 in-service to assure compliance. Will be done by the dietary managiong term compliance.	ddressing di n solutions. ection contr will review e, Temperate ernary dilut sinks and sa st scores wi ring using a 0 days follow Veekly mon	lution This will ol in- "Food ure Logs, ion and nitation Il be used wing the itoring
		would be cleaned daily with					

PRINTED: 01/22/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING B, WING 130025 01/12/2010 Nome OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST MAIN STREET MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ΙD (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 749 Continued From page 62 A 749 On 1/06/10 at 3:10 PM, during a tour of the kitchen, a mop bucket and mop detergent was observed. The directions listed on the detergent As part of the dietary infection control in-service which bottle directed to add 2 ounces of detergent to 1 will be held on 2/25/10, focus will be made on kitchen gallon of water. cleaning instructions particularly on floor detergent dilution. Attendance sheets and test scores will be used The Dietary Manager was interviewed on 1/06/10 as proof of training. Reminder signs have been posted at 3:12 PM. He stated that when he mixes the in key areas addressing proper mop bucket dilution detergent to water he just listens to the "glug ratio. A measuring cup has been added to the mop room glug" of the bottle and stops. and staff have been trained on how to dilute mop water solution properly. A kitchen staff member, who mixes the mop water each morning, was interviewed on 1/06/10 New sanitation buckets have been ordered on 02/10/10 at 3:15 PM. She stated that she "just pours in the to ensure that sanitation solution is kept in an exclusive detergent" and adds water. and safe container that is clearly labeled as sanitation solution. Proper dilution ratio labels will be attached to Additionally, on 1/06/10 at 2:10 PM, a cleaning each sanitation bucket to assure the proper dilution ratio is mixed in the bucket. As part of the dietary infection bucket, that contained a bleach/water solution, was observed and tested. The test results control in-service which will be held on 2/25/10, focus documented the bleach solution was at 10 parts will be made on kitchen cleaning instructions per million. The Dietary Manager stated at that particularly on bleach dilution and monitoring of time the solution was to be at 50 parts per million, sanitation buckets. Attendance sheets and test scores and had a staff member remove the bucket. will be used as proof of training. A permanent log has These practices could result into the been made for the dietary employees to document under-disinfecting of surfaces while allowing testing of the bleach solution. This will be an on-going bacteria to colonize at which could put patients quality indicator. health safety at risk. The hospital failed to ensure that kitchen staff had checked the quality of quaternary ammonium,

infections.

A 750

bleach and detergent level qualities.

The hospital failed to ensure that hospital kitchen staff practiced and enforced infection control interventions to prevent the possible spread of

482.42(a)(2) INFECTION CONTROL LOG

A 750

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		130025	B. WIN	IG		01/1	2/2010
	ROVIDER OR SUPPLIER	TAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
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A 951	The infection control maintain a log of ind and communicable. This STANDARD is Based on staff inter hospital failed to en Officer maintained a incidents of infection diseases. This result had the potential to track and analyze in appropriate measur from staff infections. During an interview Infection Control Office of the patient infections. Sinformation related infections/incidents patient information. Information in indivicoffice. She denied infection-related infection-re	ol officer or officers must cidents related to infections diseases. Is not met as evidenced by: view, it was determined the sure the Infection Control a log that included staff related in an incomplete log and reduce the hospital's ability to affections and put in place es to protect patients and staff. Findings include: on 1/06/10 at 2:40 PM, the ficer explained she kept an ontained information related to she stated she did not include to employee electronically alongside the She kept a hard copy of dual employee files in her there was any easily the of employee ormation. When asked how apployee infections, she it in my mind." The ensure the Infection Control alog that included staff related infections and communicable are identified through	A 9		The Infection Control Officer now system that has employee illness of related incidents of infections and diseases. This report includes infe infectious that employees have. A trained January 26, 2010 on what oneeded to be reported from their er January 29, 2010, e-mails were als managers and employees asking the to Infection Control each month for months employee absenteeism for attached Exhibit 20 for a copy of the Employee Illness Report.	ocumented communica ctions that rall managers diseases or samployees. Oo sent to the at they send rathe previous linesses. Se	to track ble may be were symptoms on the a list
	must be designed to	assure the achievement and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(- /	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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	130025	B. WING _		01/1:	2/2010
N. JF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPIT	'AL	4	REET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET REXBURG, ID 83440		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
practice and patient This STANDARD is Based on observation review, it was determensure that surgical approved standing of hospital processes. Standing orders were the Surgical/Physical resulted in standing without a complete praffected the health apatients. The finding During a tour of the department, on 1/06 ending at 11:40 AM, hospital's outpatient 1/06/10 starting at 11:40 AM	n standards of medical care. In not met as evidenced by: Ins., staff interview and record mined the hospital failed to services had developed and orders according to the The failure to ensure that e appropriately approved by all Therapy Committee. This orders being implemented professional staff review. This and safety of all surgical gs include:	A 951	The order for Propofal on the stand Orders has been withdrawn. The lestablished a policy for standing of for a copy of this policy.	nospital has	, i

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 01/22/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDING		COMPLE	IED
		130025	B. WI	√ G		01/1	2/2010
	PROVIDER OR SUPPLIER	ΓAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MAIN STREET EXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 951	chemical sedation in Administration has Propofol for seizure The hospital's Diprin 11/04/09, only appromedication for continuous and for rapid intubation on 1/08/10 starting Pharmacist was into had never seen Promor was he familiar Recovery Orders. On 1/08/10 starting Pharmacy Director where the had never seizures. The Pharmacy Director what he had never seizures. The Pharmacy Director where the standing orders orders were created by the hospital's Pelsecretary and approximation of the standing orders. He not consistent with the approving standing orders were medications, he was orders. The hospital's Chief interviewed on 1/08 stated that, when a standing order, it was a standing order.	n ICU. The Food and Drug not approved the use of control. van (propofol) Protocol, dated oved the use of the nuous IV sedation, anesthesia	A	951			

(X2) MULTIPLE CONSTRUCTION

		I AND HUMAN SERVICES			FORM): 01/22/2010 1 APPROVED): 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	SURVEY
		130025	B, WIN	NG	01/	12/2010
N, OFF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL)E	_
MADISO	N MEMORIAL HOSPI	TAL		450 EAST MAIN STREET REXBURG, ID 83440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
A 951	meeting notes that were reviewed and Surgery/Physical That the PACU reconstruction have been reviewed committee. She constructed the order of the construction of the construction of the committee any Surgery/Physical the committee construction of the const	y/Physical Therapy Committee the PACU Recovery Orders approved by the herapy Committee. She stated very standing orders should d and approved by that infirmed the committee had orders. AM, the hospital's vernent Manager was atted the Surgery/Physical did meet quarterly to review all Therapy issues. He stated disted of the Chief Quality ursing Officer, Chief elopment Officer, vernent Director, Infection to Operating Room Director, Nurse Manager, lager, Case Manager, Health ement Director, Anesthesia of Physical Therapy, Pharmacy est), and committee members in the merapy Committee had oved the Operating Room's ders to include the off label	A 9	951		

Bureau	of Facility Stan <u>dards</u>						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SU COMPLE	TED
····		130025	CTDEET AD	DDEEC CITY	STATE 710 CODE	01/12	2/2010
N. OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
MADISO	N MEMORIAL HOSPI	TAL		「MAIN STRI G, ID 83440			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
В 000	16.03.14 Initial Con	nments		B 000			
,	Medicare recertifica	iencies were cited du ation survey of your h ing the recertification	nospital.		RECEIV		
	Gary Guiles, RN, H Patrick Hendrickson				FEB 172	010	
	Teresa Hamblin, Ri Susan Costa, RN, I	N, HFS			FACILITY STAP	1DARDS	
BB145	16.03.14.250.02 Me Reappointments	edical Staff Appointm	nents and	BB145	Effective 2/12/10 every credentia	lling file at Ma	adison
	reappointments sha body upon the reco	ppointments and fledical staff appointnal all be made by the go mmendation of the a committee of the acti	overning active		Memorial Hospital has been reviewhich there is not a clear delinear the practitioner is being re-done. privileges have been approved fo D, and E.	ewed. Any fil tion of privile Delineation of r practitioner	e in ges for of B, C,
	a. Appointments to a written delineation surgical procedures	the medical staff shand of all privileges including solutions, and governing bod ocumented. (10-14-8	uding y		Attached here to as exhibit I are request forms which are now used and re-credentialing appointment Memorial Hospital.	d for every ini	
	made at least every	entation indicating go					
	means of increasing	orocedures shall inclug or decreasing privil of the member's phy (10-14-88)	leges				
	approval of the gov	f and administration erning body shall de- or temporary or emer eges. (10-14-88)	velop a				

Bureau of Facility Standards

LAE FORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE 2/16/10 Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING	(X3) DATE SURVEY COMPLETED
	130025	B. WING	01/12/2010

OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MADISON MEMORIAL HOSPITAL

450 EAST MAIN STREET REXBURG, ID 83440

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
BB145	Continued From page 1	BB145		
	This Rule is not met as evidenced by: Refer to Tag A 046 as it relates to the failure of the hospital to ensure practitioners had been appointed to the medical staff and granted specific privileges defining their practice and a failure to the hospoital to implement a consistent process to request and grant privileges.	· .	·	
BB174	16.03.14.310.02 Records	BB174		
	 02. Records. Nurses shall maintain records that document patient status, progress and care given using descriptive measurable data. This documentation shall include but not be limited to: (10-14-88) a. Admission note; and (10-14-88) b. Vital signs; and (10-14-88) c. Medication record; and (10-14-88) d. Rationale for and results of PRN drug administration; and (10-14-88) e. Patient teaching; and (10-14-88) f. Adverse drug or blood reaction; and (10-14-88) g. Discharge note. (10-14-88) This Rule is not met as evidenced by: Refer to Tags A 0438 and A 0450 as they relate to the failure of the hospital to ensure that staff maintains records and accurate documentation with completed data including admission note, vital signs, medication records, patient teaching, and discharge note. 		Attached as exhibit 17 is the recently approved policy for documentation in the medical records. All clinical staff including medical staff were in-services on this policy. In addition proper physician documentation and authentication of all medical records has been added as a QI indicator which will be monitored at least for the next six months by the Health Information Management Director. Monitoring of hospital clinical staff documentation will be done by the individual department educators and reported to the performance improvement committee on a monthly basis for at least the next 6 months.	

QLUB11

PRINTED: 01/25/2010 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A. BUILDING B. WING 130025 01/12/2010 STREET ADDRESS, CITY, STATE, ZIP CODE OF PROVIDER OR SUPPLIER **450 EAST MAIN STREET** MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) BB208 Continued From page 2 BB208 BB208 BB208 16.03.14.320.07 Food Preparation and Service 07. Food Preparation and Service. (10-14-88) a. The dietary department shall have adequate space, equipment and utensils for the The dietary staff will be in-serviced on 2/25/10 on preparation, storage and serving of food and Infection control focusing on proper food labeling drink to the patient. (10-14-88) and date procedures. Attendance sheets and test scores will be used as proof of training. Daily b. Foods shall be stored, prepared and served monitoring using a monitor log will be done for 30 following procedures which shall ensure the days following the in-service to assure compliance. retention of their nutritive value. (10-14-88) Periodic spot checks will be done thereafter. This Rule is not met as evidenced by: Based on observations, staff interview, and review of hospital policy, it was determined the hospital failed to ensure that hospital kitchen staff stored food properly. This had the potential to compromise the safety and nutritional value of the food. The findings include: 1. During a tour of the hospital's kitchen, on 1/06/10 starting at 2:00 PM and ending at 5:30 PM, concerns the Dietary Department's supplies and equipment noted as follows: The hospital's Food Storage, Temperature Compliance, Temperature Logs, and Disposition policy, dated 2/11/08, stated "Containers will be clearly labeled and dated." The failure to not cover stored food increases the risk of food safety and quality. Uncovered food has a potential for cross-contamination of food borne bacteria. The failure to date food increased the

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risk of poor food safety and quality as the facility could not ensure that food was discarded within 7

days from when the food was opened.

The hospital's Dietary Department-Infection Control Policy, dated 11/23/09, stated foods shall

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b. During a tour of the hospital's kitchen on 1/06/10 at 2:00 PM, an employee was eating peanut butter in a food prep area. Eating in food preparation areas increases the potential risk of cross contamination of bacteria and employee

Bureau	of Facility Standards					FORM	APPROVED
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N. OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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BB208	Continued From pa	ge 4		BB208			
	illnesses. The kitch 1/06/10 at 2:00 PM, she was not allowed food preparation and During a revisit to the 1/07/10 at 8:20 AM, noted eating French consumer's breakfar During an interview Manager on 1/07/10 kitchen employees kitchen's food preparation food in food in the hospital failed to consume food in food in food in the parametric properties and the parametric	nen employee stated, that she did not know to eat food in the know to eat food employee in Toast as she preparate. I with the kitchen's Did at 9:00 AM, he stated by Eastern Idah (240 parts per million to the proper dilution of qualitated by Eastern Idah (240 parts per million hospital's kitchen or compartment sink was was used to wash in know to wash in k	on was ared a etary ed that in the ff did not ection nks aternary no Public n). 1/06/10 is aternary no Public nhe ed the sit filled mager was	Quaternary test strips were purchased of An in-service was held on 01/28/10 add dilution ratios and temperature of sanit solutions. This will also be a part of ou infection control in-service held on 2/2 will review: "Food Storage, Temperature Compliance, Temperature Logs, and D focusing on quaternary dilution and me three compartment sinks and sanitation Attendance sheets and test scores will proof of training. Daily monitoring usi monitoring log will be done for 30 day in-service to assure compliance. Week will be done by the dietary manager the assure long term compliance.		f sanitation of our sched- on 2/25/10 where and Disposition buckets will be used ng using a do days follow weekly monitoring	uled here we on" g in ts. as wing the itoring
	On 1/06/10 at 3:30 PM, the Dietary Manager was asked to provide a quaternary ammonium test strip (this strip checks the concentration on the quaternary ammonium in the water), he could not						

Bureau of Facility Standards STATE FORM

find any test strips. He stated that the quaternary ammonium system was checked monthly by an

FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/12/2010 130025 STREET ADDRESS, CITY, STATE, ZIP CODE OF PROVIDER OR SUPPLIER **450 EAST MAIN STREET** MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) BB208 BB208 Continued From page 5 outside vender for accurate dilutions. He stated that neither he, nor any other staff had periodically checked the system in between the vender's visits to ensure the quaternary As part of the dietary infection control in-service ammonium was adequately diluted. However, which will be held on 2/25/10, focus will be made on the hospital did have a Four Compartment Sink kitchen cleaning instructions particularly on floor detergent dilution. Attendance sheets and test scores Temperatures Log that did prompt staff to check will be used as proof of training. Reminder signs the quaternary ammonium concentration level. This form was not being utilized and was part of have been posted in key areas addressing proper mop the hospital's Food Storage, Temperature bucket dilution ratio. A measuring cup has been Compliance, Temperature Logs, and Disposition added to the mop room and staff have been trained on policy, dated 2/11/08. how to dilute mop water solution properly. The hospital's Kitchen Cleaning Instructions policy, dated 3/31/09, stated that mop buckets were to be filled with hot water and detergent, and to "Follow mixing instructions on detergent bottle." The hospital's Dietary Department-Infection Control Policy, dated 11/23/09, stated all work surfaces and floors would be cleaned daily with approved disinfectant. On 1/06/10 at 3:10 PM, during a tour of the kitchen, a mop bucket and mop detergent was observed. The directions listed on the detergent bottle directed to add 2 ounces of detergent to 1 gallon of water. The Dietary Manager was interviewed on 1/06/10 at 3:12 PM. He stated that when he mixes the detergent to water he just listens to the "glug glug" of the bottle and stops. A kitchen staff member, who mixes the mop water each morning, was interviewed on 1/06/10

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at 3:15 PM. She stated that she "just pours in the

detergent" and adds water.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
_	130025	B. WING	01/12/2010

OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MADISON MEMORIAL HOSPITAL

450 EAST MAIN STREET REXBURG, ID 83440

MADISO	N MEMORIAL HOSPITAL REXBURG	G, ID 83440		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM	X5) PLETE ATE
BB208	Additionally, on 1/06/10 at 2:10 PM, a cleaning bucket, that contained a bleach/water solution, was observed and tested. The test results documented the bleach solution was at 10 parts per million. The Dietary Manager stated at that time the solution was to be at 50 parts per million, and had a staff member remove the bucket. These practices could result into the under-disinfecting of surfaces while allowing bacteria to colonize at which could put patients health safety at risk.		New sanitation buckets have been ordered on 02/10/10 to ensure that sanitation solution is kept in an exclusive and safe container that is clearly labeled as sanitation solution. Proper dilution ratio labels with be attached to each sanitation bucket to assure the proper dilution ratio is mixed in the bucket. As part of the dietary infection control in-service which will be held on 2/25/10, focus will be made on kitchen cleaning instructions particularly on bleach dilution and monitoring of sanitation buckets. Attendance sheets and test scores will be used as proof of training. A permanent log has been made for the	d ill
	The hospital failed to ensure that kitchen staff had checked the quality of quaternary ammonium, bleach and detergent level qualities. The hospital failed to ensure that hospital kitchen staff practiced and enforced infection control interventions to prevent the possible spread of infections.		dietary employees to document testing of the bleach solution. This will be an on-going quality indicator.	1 .
BB332	and Procedures 390. ANESTHESIA SERVICES. These services shall be available when the hospital provides surgery or obstetrical services with C-section capacity and shall be integrated with other services of the hospital and shall include at least the following: (10-14-88) 01. Policies and Procedures. Policies and	BB332		
	procedures shall be approved by the medical staff and the administration of the hospital. These written policies and procedures shall include at least the following: (10-14-88) a. Designation of persons permitted to give anesthesia, types of anesthetics, preanesthesia, and post anesthesia responsibilities; and			

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STATEMENT	ОF	DEFICIENCIES
AND PLAN OF	F C	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CO	DNSTRUCTION
A. BUILDING	

(X3) DATE SURVEY COMPLETED

130025

B. WING_

01/12/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MADISON MEMORIAL HOSPITAL

450 EAST MAIN STREET REXBURG, ID 83440

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
BB332	Continued From page 7 (10-14-88) b. Preanesthesia physical evaluation of a page of page of pertinformation prior to surgery together with the history and physical and preoperative diagnof a physician; and (10-14-88) c. Review of patient condition immediately pinduction; and (10-14-88)	rinent e nosis				
)	d. Safety of the patient during anesthetic per and (10-14-88) e. Record of events during induction, maintenance, and emergence from anesthetincluding: (10-14-88)					
	 i. Amount and duration of agents; and (10-1 ii. Drugs and IV fluids; and (10-14-88) iii. Blood and blood products. (10-14-88) f. Record of post-anesthetic visits and any 		-			
	complications shall be made within three (3 forty-eight (48) hours following recovery; an (10-14-88) g. There shall be a written infection control procedure including aseptic techniques, and disinfection or sterilizing methods. (10-14-8)	d	The order for Propofal on the standing PACU Recovery Orders has been withdrawn. The has established a policy for standing orders. exhibit 19 for a copy of this policy.	ospital		
	This Rule is not met as evidenced by: Refer to Tag A 951 as it relates to the failur the hospital to ensure that surgical services developed and approved standing orders according to the hospital processes, includi approval by the medical staff and the administration of the hospital.	•	·			

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PRINTED: 01/25/2010 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 130025 01/12/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **450 EAST MAIN STREET** MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) BB539 16.03.14.540.02 Infection Control Program BB539 02. Infection Control Program. The program shall The Infection Control Officer now has an Excel file include at least the following elements: on system that has employee illness documented to (10-14-88)track related incidents of infections and communicable diseases. This report includes a. Definition of nosocomial infection, as opposed infections that may be infectious that employees to community acquired infections; and (10-14-88) have. All managers were trained January 26, 2010 on what diseases or symptoms needed to be reported b. A procedure for hospital surveillance of and for from their employees. On January 29, 2010, e-mails nosocomial infections; and (10-14-88) were also sent to the managers and employees asking that they send a list to Infection Control each month A procedure for reporting and evaluating for the previous months employee absenteeism for nosocomial infections. The procedure must illnesses. See attached Exhibit 20 for a copy of the eenable the hospital to establish the following on at mails and Employee Illness Report. least a quarterly basis: (10-14-88) i. Level or rate of nosocomial infections; and (10-14-88)ii. Site of infection; and (10-14-88) iii. Microorganism involved. (10-14-88) This Rule is not met as evidenced by: Refer to Tag A 0750 as it relates to the failure of the hospital to ensure an Infection Control Program which includes a tracking mechanism and log for employee infections, with a procedure to recover such information. BB540 16.03.14.540.03 Infection Control & Prevention **BB540** Procedures

03. Infection Control and Prevention Procedures.

procedure which shall include aseptic techniques,

There shall be a written infection control

cleaning, sanitizing, and disinfection of all instruments, equipment and surfaces, for all departments and services of the hospital where

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 130025 01/12/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **450 EAST MAIN STREET** MADISON MEMORIAL HOSPITAL REXBURG, ID 83440 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRÉCTIVE ACTION SHOULD BE PREFIX COMPLETE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) BB540 BB540 Continued From page 9 patient care is rendered. (10-14-88) Attached as exhibit 22 is our Infection Control: This Rule is not met as evidenced by: IDAPA Rules and Minimum Standards for Hospitals Refer to Tag A 0749 as it relates to the failure of in Idaho policy. We are adding infection control the hospital to ensure a written infection control procedures for General Surgery, Laboratory, procedure which includes techniques for the Radiology, Emergency Room & Short Stay Therapy, disinfection, sanitizing, and cleaning of Medical/Surgical/CCU, Labor and Delivery/Mother equipment, surfaces, and instruments for all all Baby Unit, Diabetes Education, ENT Clinic, General patient care departments. Surgery Clinic, Surgical Center, and the Pharmacy. These policies will be in the policy manual by 2/23/2010.

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MADISON

Madison Memorial Hospital 450 East Main Rexburg, ID 83440 (208) 356-3691

Date: $2-19-10$
Time: 9:40
No. of Pages (including cover page): 19
To: Sylvia (reswell, Teresa Hamblin,
Susan Costa
Fax #: (208) 364-1888 Phone #: (208) 334-6626
From: Department: Performance Improvement
Direct Dial Ph#: (208) 359-6488
Fax# (208) 359- 6413
Sending contact: Nolan J. Bybee
Subject: This is an addendum to the previous corrections submission sent on 2-16-10 for the deficiencies related to Patient Einemance and Restraints.
Comments: I also attached a copy of the change we made to the Restraint pricy. Thank your for your understanding of this issue.

The information contained in this facsimile message is privileged and confidential information, or private patient information, intended for the use of the addressee listed above. If you are neither the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the content of the telecopied information is strictly prohibited. Please insure that this information is forwarded to the requesting party. If you have received these documents in error, please immediately notify us by telephone and destroy these documents.

February 19, 2010

Bureau of Facility Standards Teresa Hamblin, RN, Health Facilities Surveyor 3232 Elder St. P.O. Box 83720 Boise, ID 83720-0036

Re: State Deficiency

Dear Ms. Hamblin,

On February 16, 2010 we submitted a Statement of Deficiency/Plan of Correction. Enclosed is an addendum correction to the report sent on February 16, 2010. Also enclosed is a copy of the restraint policy showing that the correction that needed made has been done. We want to thank you for the opportunity to improve our processes in the delivery of patient care.

If you have questions please contact Terry Conrad at (208) 359-9801 or Nolan Bybee at (208) 359-6488.

Respectfully,

Nolan Bybee, RRT, MBA

Performance Improvement Director

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-0393
STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) № A. BU		PLE CONSTRUCTION	(X3) OATE SURVEY COMPLETED 01/12/2010	
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	N MEMORIAL HOSPI	TAL		45	EET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440		
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A 119	Continued From pa	ge 10	Α	119			
A 123	Gontinued From page 10 grievance process operated effectively. 482.13(a)(2)(iii) PATIENT RIGHTS: NOTICE OF GRIEVANCE DECISION At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.			123	This is an addendum to the previous submission sent on 2/16/10. I appropriate the confusion by originally attaching in this section. The comment show Attached here as exhibit 7 is the refor Madison Memorial Hospital with the board on February 18, 2010. A has been formed. A grievance log track grievances and when the parties is being kept by the Chief Q.	ologize for the restraint uld have rea sew grievand which was progressive for the second to the second for the	ne comment d: d: ee policy esented to committee reated to t a letter.
	Based on staff interpolicies, grievance-incident reports, it veither failed to provprovided incomplete patients (#46, #47, #54, #60, #61, and representatives who This resulted in a lagrievances had beer resolved. It had the	s not met as evidenced by: view and review of hospital related documents, and vas determined the hospital ide written responses or e written responses to 12 of 12 #48, #49, #50, #51, #52, #53, #62) and/or patient ose grievances were reviewed. ock of clarity about whether the en thoroughly investigated and e potential to interfere with ng and satisfaction. Findings					
	log for the last quar December). Insteating, the Chief Quality with the hand writte Concerns and Comperiod. During an italy and the Chief Quality hospital did not keed dedicated files or for the concerns.	equested to view the grievance ter of 2009 (October through do f being given the grievance ty Office provided surveyors in and verbal recall of "Patient iplaints" for the same time interview on 1/07/10 at 11:30 ity Officer explained that the pagrievance log or have orms for grievances. She at instead of writing letters, the					

FORM CMS-2567(DZ-99) Previous Versions Obsolete

Event ID: QLUB11

Facility ID: IOPWQF

If continuation sheet Page 11 of 67

JRM CMS-2567(02-99) Previous Versions Obsolete

Event ID: QLUB11

Facility ID: IDPWQF

If continuation sheet Page 19 of 67

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDE		IPLE CONSTRUCTION	(X3) DATE S COMPL	
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A 166	hospital on 1/04/10 history of demential patient as of 1/07/11 Patient #56's medic physician's progress progress note, date stated Patient #56's demanding to go ho progress note, date stated Patient #56's uncooperative. He now "throwing thing going to order Zypre antipsychotic, appro Administration (FDA schizophrenia and b A pharmacy "Medica documented that on #56 was prescribed day as needed. Thi 1/06/10 at 2:49 PM. audit sheet also dod 6:30 AM, Patient #56 mg intramuscular two order was disconting The original orders of the survey. The N hospital's Clinical Ed on 1/07/10 at 2:30 Porders. On 1/06/10 at 2:45 F Zyprexa 5 to 10 mg as needed. This wa physician's order sho	for pneumonia and had a Patient #56 was a current D. al record only contained two s notes. A physician's d 1/06/10 that was not timed, was confused, agitated, and ime. A second physician's d 1/06/10 that was not timed, was "more" agitated and wrote that Patient #56 was s." He noted that he was exa. Zyprexa was an atypical ved by the Food and Drug D) for the treatment of iipplar disorder. ations" audit sheet 1/06/10 at 6:30 AM, Patient Zyprexa Zydis 5 mg twice a s order was discontinued on The pharmacy "Medications" umented that on 1/06/10 at S was prescribed Zyprexa 5 fice a day as needed. This lied on 1/06/10 at 2:50 PM, could not be found at the time Medical/ICU Manager, and the flucator reviewed the record M, and also could not find the PM, the physician ordered by mouth three times a day s documented on a	A	166	This is an addendum to the prevsubmission sent on 2/16/10. At copy of Madison Memorial Hos On pg. 2 there was a statement which read, "The following are restraints, protective devices, su trays, mitts, and protective helm this was an error and on 2/18/16 from the policy. This policy was and over 75% of patient care state on this policy and their respons. The form of education was through power point of the standards, tate demonstration of soft restraint a attention was made to the nursin of updating the plan of care of a written for both Zyprexa (0430). These orders were in the patient date the surveyors were here. The discharged and her complete method the call asking us to fit that hospital staff did not retriev medical records department along.	tached as exhi- spital's restrain- under Procedu NOT classifie- uch as half side- nets." It was for this line was as approved 2/ aff have been e- ibilities in this nugh viewing a king a test and application. Pa- ng staff on the any patient in re- re copies of the and Valium (of the patient had edical record words department and them. We a we the record fr	bit 9 is a at policy. re: g) iii d as rails, lap bound that deleted 18/2010 ducated regard. video, return atticular necessity estraints. orders 0515). ord on the been vas not on t when we pologize om the

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: QLUB11 Facility ID: IDPWQF

If continuation sheet Page 26 of 67

82-19-18 10:43 ERRT

SISTEMENT OF DEPOSITIONS OF PARTY CONTINUENCE OF PA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		130025	B. WING		01/12/2010		
	PROVIDER OR SUPPLIER	TAL	5	STREEY AODRESS, CITY, STATE, ZIP CO 450 EAST MAIN STREET REXBURG, ID 83440	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLETION DATE	
A 166	Patient #56 was verun-cooperative. The walked Patient #56 was given at 2:48 PM (which Fand then was given 3:03 PM according Administration Recommendate and nursing stated that she did and Valium to controusidered a chemical restrough record review through record review 2. Patient #57's mere at 1:10 PM, was introduced a chemical restrough record review 1:10 PM, was introduced a chemical restrough record review 1:10 PM, was introduced a chemical restrough record review 1:10 PM, was introduced a chemical restraint. The patient #56's was of chemical restraint aggressive. A verballogical Report," dapatient's diagnoses status. Dementia. accident." A nursing PM, stated Patient # aggressive. A verballogical restraint of point restraints (with the point restraints (with the produced form contained lines form contained lines and the produced form contained lines are patient.	ry anxious, combative and e nurse stated that they around the halls at which time ling and biting at the nurses. en Zyprexa 5 mg on 1/06/10 Patient #56 then threw out), Valium 5 mg on 1/06/10 at to the patient's Medication ord. If with Patient #56 on 1/06/10 erviewed. The medication notes were reviewed. She not know that using Zyprexa of the patient's behaviors was cal restraint so she did not so Plan of Care to reflect the traints. This was confirmed ew. Idical record documented an no was admitted to the proposition of the ED physician's lited 11/27/09, stated the included "Changed mental Rule out cerebrovascular g note, dated 11/27/09 at 5:00 f57 became combative and all order by the PCP for "was documented on I. A form "Restraint:	A 16	This is an addendum to the presubmission sent on 2/16/10. Ostaff have been educated on the responsibilities in this regard, was through viewing a video, standards, taking a test and recentraint application. Particulation nursing staff regarding the restraint. A list of medication used as a chemical restraint he question has been inserted interestraint. The recently enacted attached as exhibit 9, which controlled in this regard.	over 75% of patients policy and their The form of edu power point of the turn demonstration was not use of drugs as a sefrequently known as been identified to our nursing meds are being used restraint policy.	nt care for cation le m of soft made to l form of yn to be and a sed as a has been	

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Event ID:QLUB11

Facility ID: IDPWQF

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MŲ A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPU	
		130025	B. WING		01/1	2/2010
NA OF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPITAL			\$	STREET ADDRESS, CITY, STATE, ZIF 450 EAST MAIN STREET REXBURG, ID 83440	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	8:10 AM, 12:00 noo based on times writt dated 11/28/09 but mg IM every 4 [hour every 4 [hours as not a physician progres PM, stated "Review soft restraints as not a had combative ephaldol, Ativan, and Patient #57 received Haldol 5 mg IV at 5: Haldol 5 mg IM at 6. Haldol 10 mg IM at 12 Haldol 10 mg IM at 13 The use of physical documented. The "Patient's Plant stated Patient #57 with plan contained behavior contract ar maladaptive behavior the use of restraints interview with the IC Manager on 1/15/09 Patient #57's POC vithe use of restraints. The hospital failed to the restraints and the pospital failed to the patient #57's POC vithe use of restraints.	in, 4:30 PM, and 8:30 PM, ten by the nurse. An order, not timed, stated "Haldol 10 rs as needed] Ativan 1 mg IM seeded]." Is note, dated 11/28/09 at 4:25 ed requirement for chemical & eded-Patient with Alzhelmers sisode. Agree with restraints soft restraint prn." If the following medications: 48 PM on 11/27/09. 5:14 AM on 11/28/09. 11:32 AM on 11/28/09. restraints was not of Care", dated 11/28/09, vas at "High Risk: Violence." items such as establishing a not setting limits on or. The POC did not address, This was confirmed by U Nurse Manager/EMR at 11:15 AM.	A 16	This is an addendum to the submission sent on 2/16/10 copy of Madison Memoria On pg. 2 there was a staten which read, "The following restraints, protective device trays, mitts, and protective this was an error and on 2/from the policy. This policy and over 75% of patient can on this policy and their respectively and their respectively of updating the prestraints. The form of edua video, power point of the return demonstration of so	Attached as oxhib I Hospital's restrainment under Procedur gare NOT classified es, such as half side helmets." It was for 18/10 this line was on the staff have been exponsibilities in this lan of care of any procedure of the nursing standards, taking a standards, taking a	oit 9 is a t policy. e: g) iii l as rails, lap und that deleted 8/2010 ducated regard. aff on the attent in viewing test and

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Event ID: QLUB11

Facility ID: IDPWQF

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(02-19-10 10:46	FROM-			T-496	P009/0:	19 F-445	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:				(X3) DATE SI COMPLE	urvey Ted	
		130025	B. WIN	G_	4	01/1	2/2010	
	ROVIDER OR SUPPLIER	TAL		4!	REET ADDRESS, CITY, STATE, ZIP CODE 50 EAST MAIN STREET EXBURG, ID 83440			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING (NFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE	
A 178	The RN who worke starting at 1:10 PM the only time the ph 1/06/10 was around she did not know th patient's behaviors restraint, so therefor a face-to-face evaluation. The hospital failed restraints for the mareceived a face-to-fappropriately qualifithe initiation of the interest.	d with Patient #56 on 1/06/10, was interviewed. She stated hysician saw Patient #56 on 15:00 PM. She stated that at using Zyprexa to control the was considered a chemical re she did not think to request pation by a qualified person. To ensure patients, who had an agement of violent behavior, ace evaluation by an ed person within 1-hour after intervention.	Α 1		This is an addendum to the previous submission sent on 2/16/10. Over staff have been educated on the restheir responsibilities in this regard, education was through viewing a value the standards, taking a test and retusoft restraint application. Nursing serviced regarding the use of drugs restraint. A list of medications free used as a chemical restraint has been question has been inserted into our	atient care icy and n of ver point of stration of the been in- n of		
	the initiation of the intervention. 482,21(a)(2) QAPI QUALITY INDICATORS The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations. This STANDARD is not met as evidenced by: Based on patient record review and staff interview, the hospital failed to track and analyze adverse patient events in 2 of 5 patients (#57 and #58) whose records documented the use of chemical and/or physical restraints. Failure to track and analyze adverse events resulted in missed opportunity for the hospital to evaluate processes of care and implement appropriate performance improvement measures to reduce the risk of future adverse events and improve quality and safety of patient care. Findings include: 1. Patient #58 was a 49 year-old female admitted on 11/18/09 to ICU for hypoxia, altered mental status, and aspiration pneumonia. She was		A 267		documentation to ask if these meds restraint. The recently enacted rest attached as exhibit 9, which clearly responsibilities in this regard.	has been		

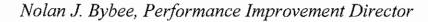
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Event ID: QLUB11

Facility ID: IDPWOF

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02-19-10 10:46 FROM-				T-496 P010/019 F-445			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		130025	B. WING		01/12/2010		
NAMIC OF PROVIDER OR SUPPLIER MADISON MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST MAIN STREET REXBURG, ID 83440				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		(X5) COMPLETION DATE	
A 438	the Haldol and Ativibut not dated or timfor signatures to reinwere renewed on 1 noon, 4:30 PM, and written by the nurse renewals. A physically at 4:25 PM requirement for cheneeded-Patient with episode. Agree with soft restraint prn." present in the mediphysically restrained and renewing the ornot using them was The Clinical Coordinaterviewed at 11:15 Patient #57 was treincident. She state physician. She state physician. She said and treatment in the She confirmed a nowas not documente restraints was not the finally, she said the a face to face evaluate use of restraints. The hospital failed to surrounding the incident, dated, time written or electronic directions.	did not include the dosages of an. It was signed by the PCP ed. The form contained lines new the orders. The orders 1/28/09 at 8:10 AM, 12:00 8:30 PM, based on times at A physician signed all 4 an progress note, dated M, stated "Reviewed mical & soft restraints as a Alzheimers & had combative in restraints Haldol, Ativan, and No documentation was all record that the patient was at A rationale for obtaining order for Intensive Care was a AM on 1/15/10. She stated ated in the ED following the did he was seen by the ED at Patient #57's examination at ED was not documented. The ED was not documented at the use of noroughly documented. This was not documented.	A 43	This is an addendum to the previous submission sent on 2/16/10. Atta copy of Madison Memorial Hosp On pg. 2 there was a statement unwhich read, "The following are N restraints, protective devices, such trays, mitts, and protective helme this was an error and on 2/18/10 from the policy. This policy was and over 75% of patient care staf on this policy and their responsib. The form of education was throughous power point of the standards, taked demonstration of soft restraint ap. The "use of restraints" has been a indicator, which will be monitored in months by the Performance Im.	ched as exhibital's restraint der Procedure (OT classified has half side tts." It was for this line was dapproved 2/13 f have been ed ilities in this righ viewing a very plication. added as a Qled for at least t	policy. e: g) iii as rails, lap and that eleted 8/2010 ducated egard. rideo, return	





450 E. Main Rexburg, ID 83440-0310

(208) 359-6488

February 23, 2010

Bureau of Facility Standards Patrick Hendrickson, RN, Health Facilities Surveyor 3232 Elder St. Boise, ID 83720-0036

Dear Mr. Hendrickson:

This is an amendment to the Statement of Deficiency/Plan of Correction submitted February 19, 2010 concerning Medicare CoP A-115, A-144, A-166, A-178, and A-438 in relationship to restraints. Our plan was to have at least 75% of clinical and housekeeping staff trained on the use of restraints. Currently we have 40 nurses (FMC= 22, SST=2, Surgery= 5, House Supervisor= 2, ED= 7, Med/Surg/ICU= 2), who have not completed this training. We have identified who these individuals are and will ensure that they are not assigned to take care of patients who have been placed in restraints until the training has been completed. We have scheduled another restraint training to get 100% compliant with training for our nursing staff for February 24, 2010.

Sincerely,

Nolan J. Bybee, RRT, MBA
Performance Improvement Director

nolan.bybee@mmhnet.org